

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <i>Balto.</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Date of death	Month <i>Sept.</i>	Day <i>26</i>	Years <i>28</i>	Months <i>3</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>512 Bouldin St.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Conrad Amends</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Anna Becker</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Conrad Amends</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 Mos.</i>
Immediate <i>Gastro - Enteritis</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. A. Glantz</i>
	Address <i>41 Eastern Ave.</i>
Accident or Suicide? <i>—</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

Virgil C. Apnos

Town

County

Died at

Turners

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 Sept

24

Age

29

4

21

Sex

Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Brakeman

Where Residing if not  
at place of death

Sparrows Point

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Garrett Apnos

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Martha Schiff

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

Granville Apnos

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Accident

How long

12 Hours

Immediate

Struck by an engine of the N &amp; R Road

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Fred L. Gelfer  
1218 First St

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Ch Hesse 454 Gough St

Name  
in  
Full

CERTIFICATE OF DEATH

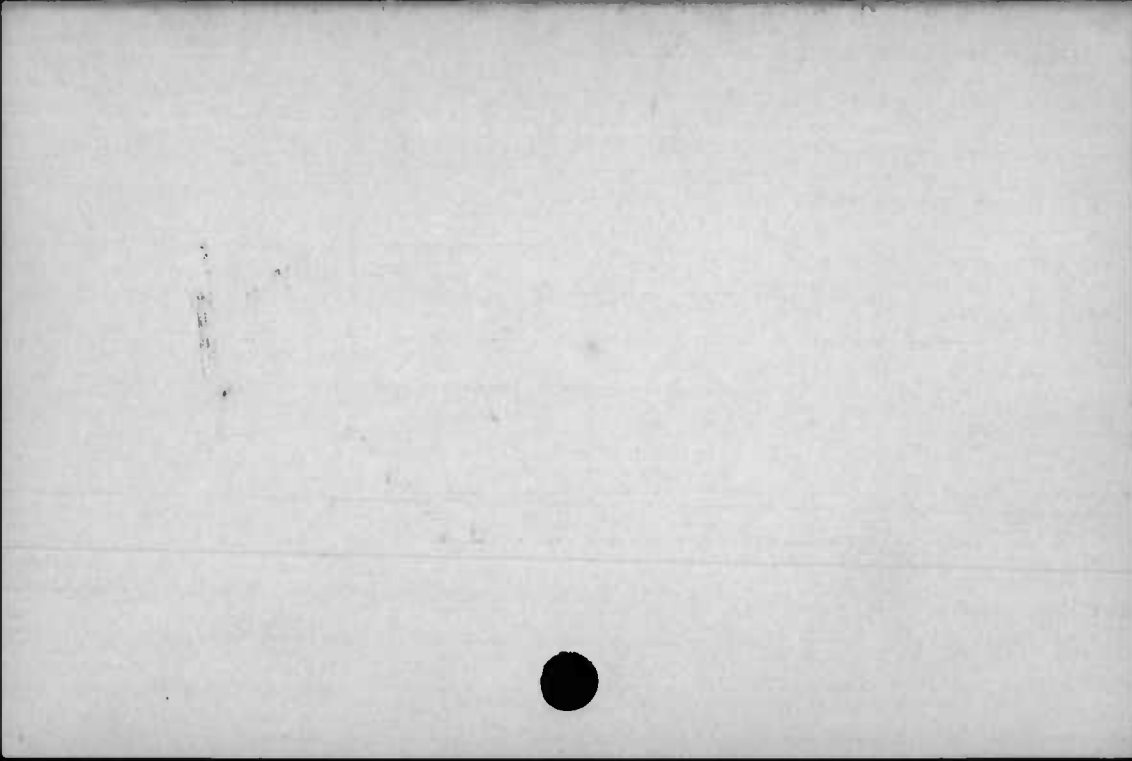
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John F. Armacost</i>		Town <i>Bethesda</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Bethesda</i>		Date of death 1903		Month <i>Sept</i>		Day <i>24</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>45</i>		Years <i>6</i>	
Occupation <i>Farmer</i>		Where Residing If not at place of death <i>+</i>		Birthplace <i>Baltimore</i>		Months <i>17</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Leviah Jr Armacost</i>		Father's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>Baltimore</i>	
Father's Name <i>Calix Armacost</i>		Mother's Maiden Name <i>Mary Faible</i>		Name of person giving information <i>Mary Armacost</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Dead on spot</i>
Immediate <i>Apoplexy</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Weston M.D.</i>
	Address <i>manchester</i>
Accident or Suicide?	



Name  
in  
Full

Charlotte Alexandra Ancker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Roland Park

Town

Baltimore

County

Date

of death

1905

Month

September

Day

21

Age

Years

7

Months

14

Days

22

Sex

Female

Color  
Race

White

Birth-  
place

Baltimore, Md.

Occupation

None

Where Residing if not  
at place of death

Roland Park, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Walter Ancker

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Mason

Mother's  
Birthplace

Germany

Name of person giving  
Information

Walter Ancker

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

29 days

Immediate

Peritonitis following perforation

How long

14 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Alfred Vanstael, M.D.

Address

921 Cathedral St.

Accident or Suicide?

PHYSICIAN  
OR CORONER

H. H. Miers & Co  
Landon Park



Name  
in  
Full

## CERTIFICATE OF DEATH

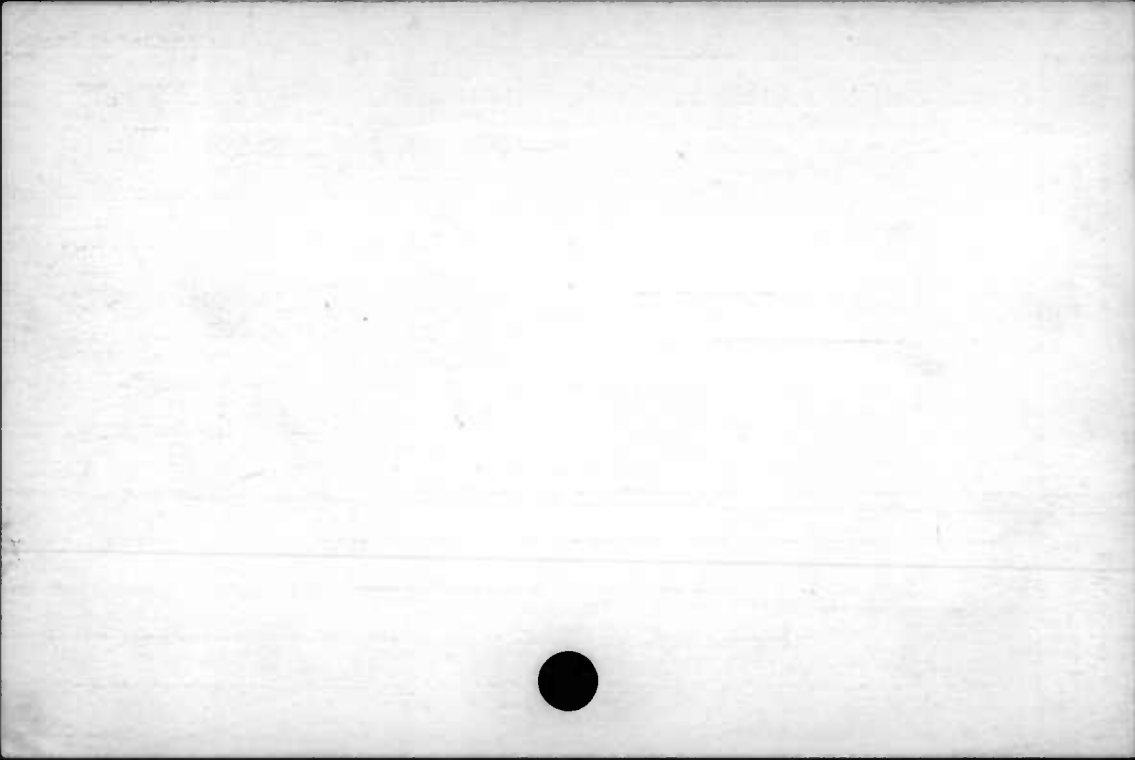
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown Baltimore</i>		City		State	
Date of death <i>1903 Sep 9</i>		Age <i>25</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Occupation <i>Balloonist</i>	Where Residing if not at place of death <i>Shenandoah Pa</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband				
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>John Raglan &amp; H E Chase</i>			How related to deceased <i>friends</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>accidental</i>	How long
Immediate <i>fell off trapeze</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Fred L. Pfeffer</i>
<i>Accident</i>	Address <i>1218 First St</i>
Accident or Suicide?	



Name  
in  
Full

Frederick Arnold Bare

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

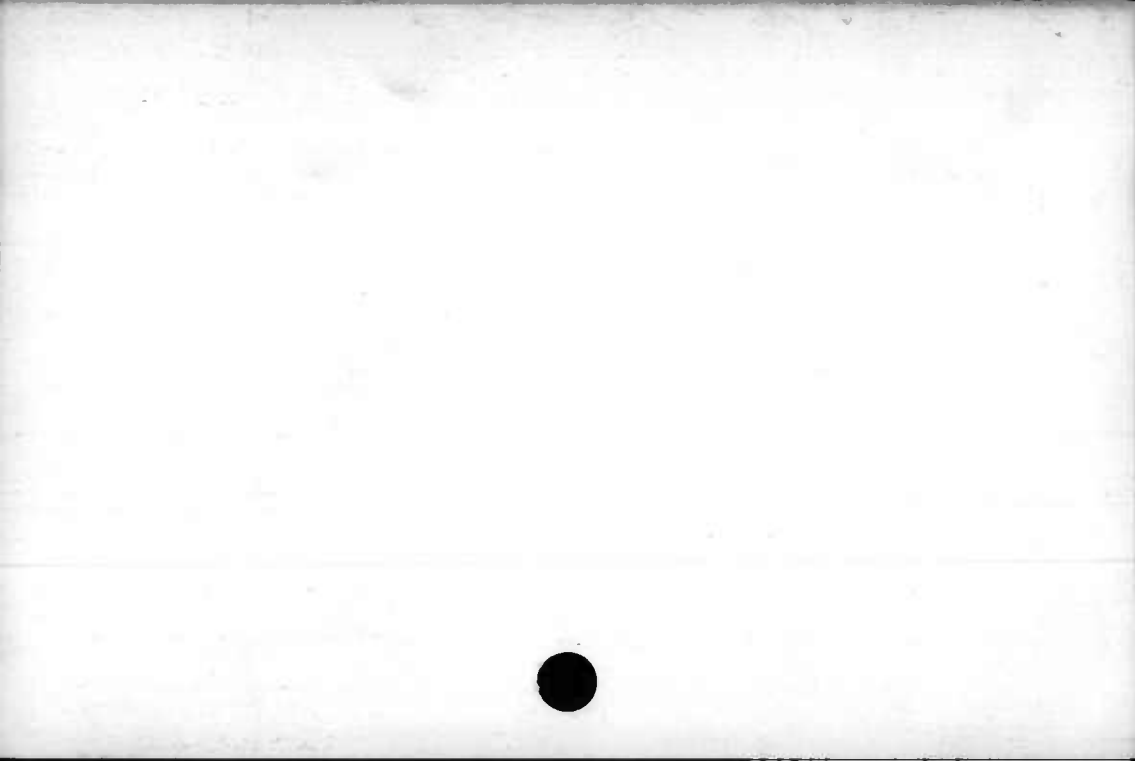
MARYLAND

Died at <i>Alberton</i> Tcwn		<i>Baltimore</i> County			
Date of death	<i>1905</i>	Month	<i>Sept.</i>	Day	<i>17</i>
		Age	<i>1</i>	Years	<i>0</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Alberton, Md</i>
Occupation	<i>_____</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>John H. Bare</i>			Father's Birthplace	<i>Balt. Co., Md</i>
Mother's Maiden Name	<i>Mary L. Benson</i>			Mother's Birthplace	<i>Amherst Co., Va.</i>
Name of person giving information	<i>John H. Bare</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 to 5 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>7 hours -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. B. Gaubill</i>	
		Address	
		<i>Alberton, Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Caroline Bassler

Town

County

Died at

Oregon

Bullo

MARYLAND

Date 19

05

Month

Day

9 29

Y.

M.

D.

Age

17 6 29

Native of

Maryland

Occupation

Male  
Female

White

Married

Single

Widow

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John W. Bassler

Lena Brown

Cause of

Primary

How long sick

Death

Immediate

Gun shot wound

Accident, Suicide, Homicide

Reported by

Edward G. Wheeler coroner

Address

Lockysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interview at Sherwood  
Sep 29<sup>th</sup>

This is the only case  
I have could you  
let me have some

W. C. Brooks

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leatsville</i> <sup>Town</sup>		<i>Polk</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>4</i>		Age <i>75</i> <sup>Years</sup>		Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <input checked="" type="checkbox"/>		Father's Birthplace <input checked="" type="checkbox"/>			
Mother's Maiden Name <input checked="" type="checkbox"/>		Mother's Birthplace <input checked="" type="checkbox"/>			
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased <input checked="" type="checkbox"/>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>5 yrs.</i>
Immediate <i>Ch Interstitial Nephritis</i>	How long <i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Gray Wade</i>
<i>No</i>	Address <i>Leatsville, Md</i>
Accident or Suicide? <i>No</i>	





Name in Full		Edwin J. Bennett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hebbsville		Baltimore		MARYLAND		
	Date of death	1905	Month	Sept-	Day	16	Age	26
	Sex	Male		Color or Race	White		Months	7
	Occupation	Painter		Where Residing if not at place of death	Hebbsville Md.			
	Married, Single or Widowed	Married		Name of Wife or Husband	Mrs Elizabeth Bennett.			
	Father's Name	Henry F. Bennett				Father's Birthplace	Va.	
	Mother's Maiden Name	Clara Ward				Mother's Birthplace	Delaware	
Name of person giving information	Clara Bennett				How related to deceased	Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Asthma				How long	1 week	
	Immediate	Apoplexy.				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	D. B. Sprink	
						Address	Woodlawn Md.	
	Accident or Suicide?	No						

Hebbville

Geo. B. Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Wye Brook* Town *Bowleys Lane Park* CountyDate of death *1905* Month *Sept* Day *20* Age *7* YearsMonths *7* Days *7*Sex *Male*Color or Race *white*Birth-place *Same*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

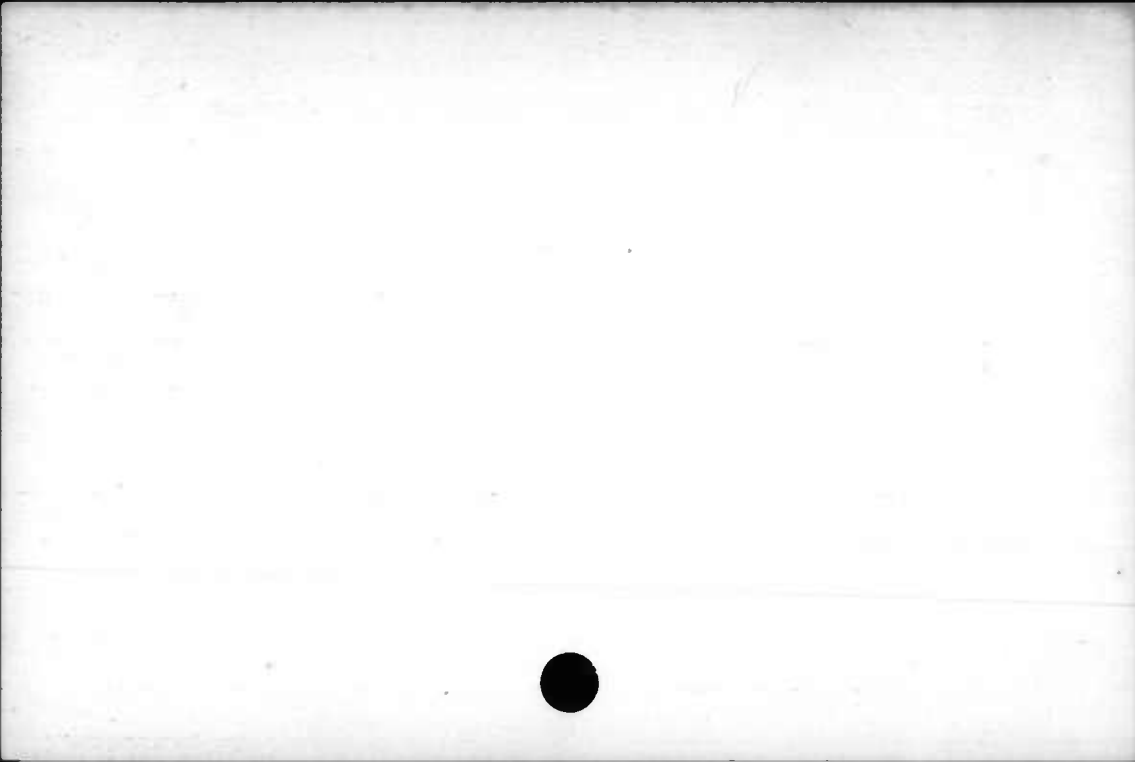
Immediate

How long

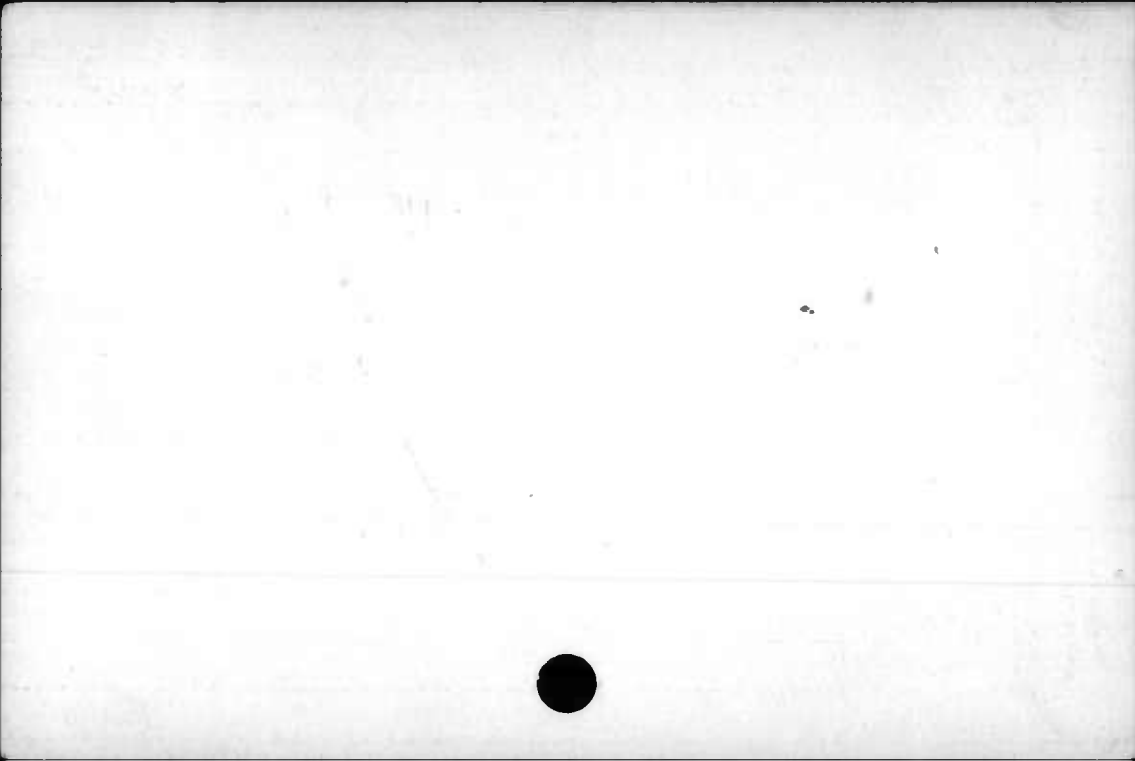
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?







Name  
in  
Full

Walter E. Braun

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Monroe Pk		County Baltimore		MARYLAND	
Date of death		Month Sept	Day 20	Years 14	Months —	Days 5	
Sex male		Color or Race white		Birth-place Ind.			
Occupation School boy				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name C. H. Braun				Father's Birthplace Ind.			
Mother's Maiden Name Emma Jones.				Mother's Birthplace Ind.			
Name of person giving information Mrs Braun				How related to deceased mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	18 days
Immediate	Perforation of bowels	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. M. Kieffer M.D.	
Address		Monroe Park Baltimore, Ind.	
Accident or Suicide?			

Joseph B. Cook  
Western Cemetery  
Sept 21/1905.



Name  
in  
Full

Dr. John Brisco

## CERTIFICATE OF DEATH

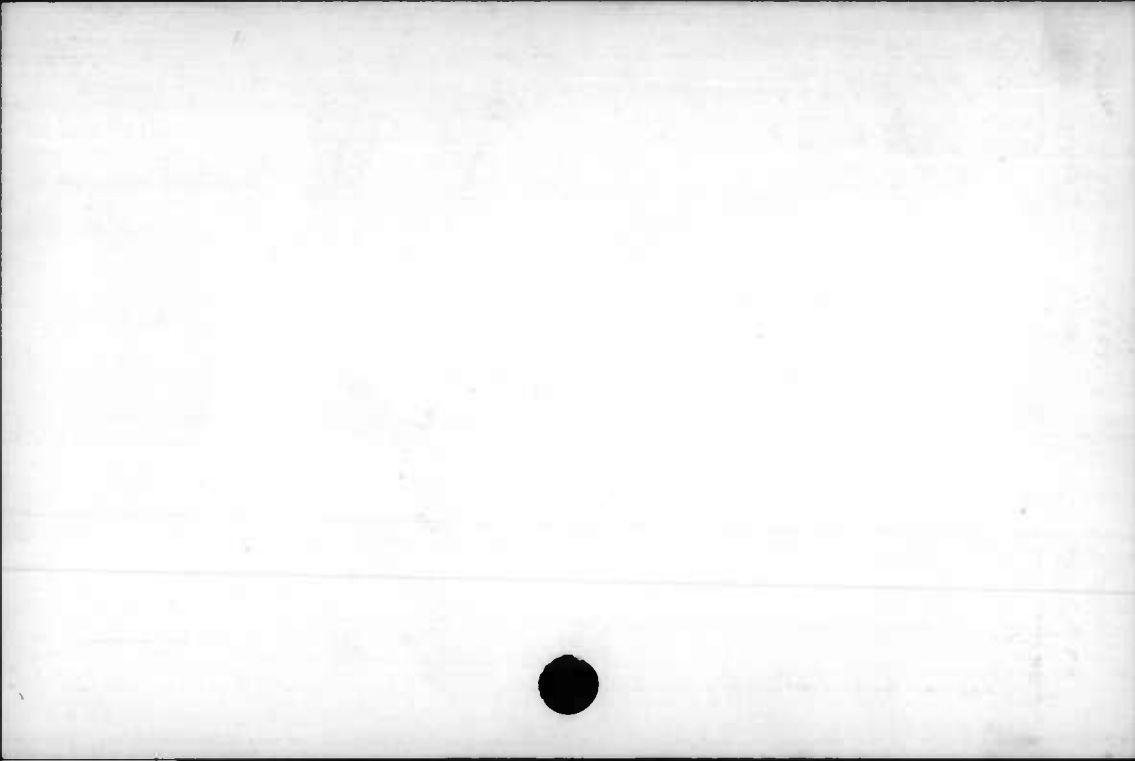
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hosp</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Sept.</i>	Day <i>8</i>	Age <i>44</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Cecil Co. Md.</i>			
Occupation <i>Physician</i>		Where Residing if not at place of death <i>614 Dolphin St.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Moore M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary C. Brown

Died at <sup>Town</sup> Woodensburg<sup>County</sup> Baltimore

MARYLAND

Date of death 1905 <sup>Month</sup> 9 <sup>Day</sup> 16 <sup>Age</sup> 47 <sup>Years</sup> <sup>Months</sup> 0 <sup>Days</sup> 29Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> New Market, Md<sup>Married, Single or Widowed</sup> <sup>Occupation</sup> Housewife<sup>Name of Wife or Husband</sup> Samuel H. Brown<sup>Father's Name</sup> George Melking <sup>Father's Birthplace</sup> Germany<sup>Mother's Maiden Name</sup> Mary Killian <sup>Mother's Birthplace</sup> Germany<sup>Name of person giving Information</sup> Saml. H. Brown <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

<sup>Primary</sup> Cancer of stomach & Liver <sup>How long</sup> 20 yrs<sup>Immediate</sup> Hemorrhages, <sup>How long</sup> 1 yr

Are the name, age, sex, color, date and place correctly given above?

Yes

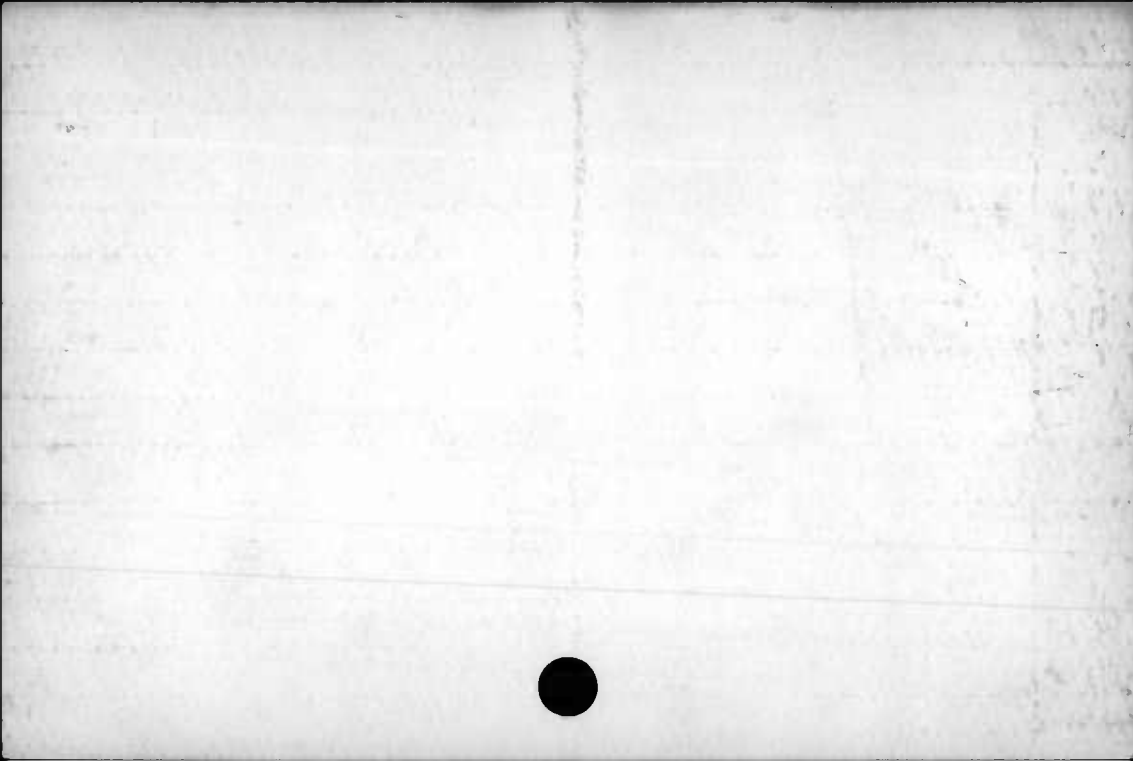
<sup>Signature of Physician</sup><sup>Address</sup>

J. H. Wilson

New Market, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Michael Burkhardt

## CERTIFICATE OF DEATH

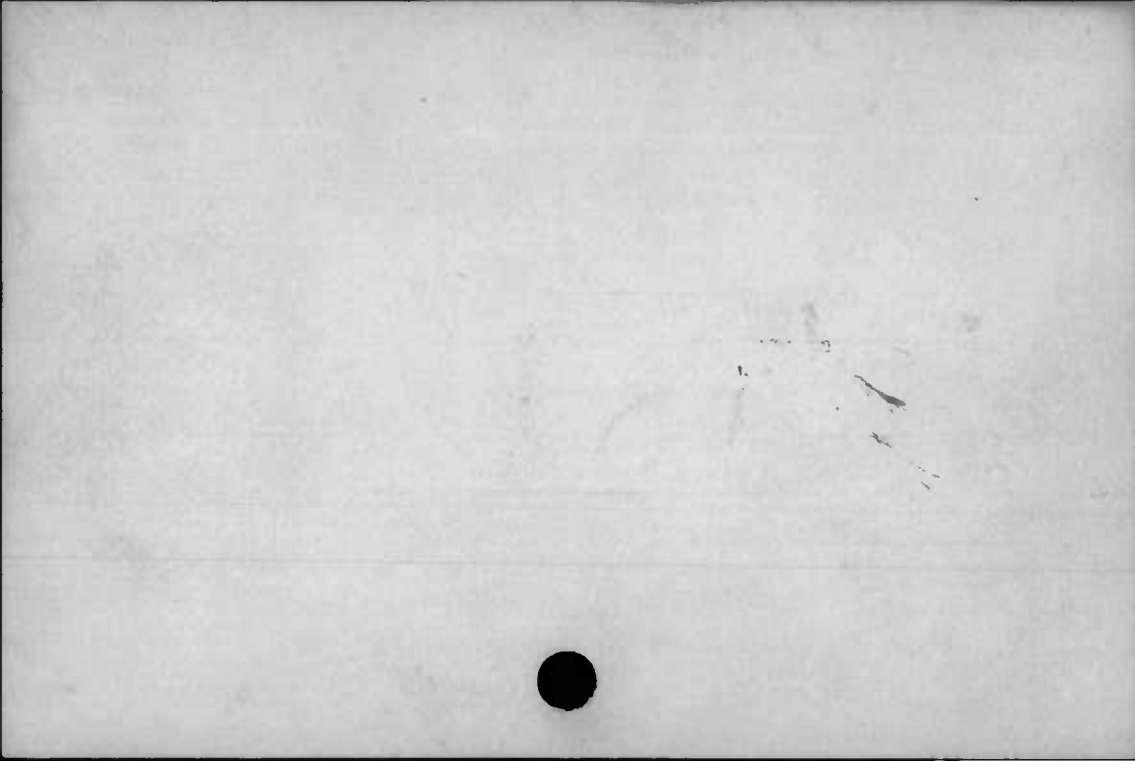
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellvue Middl River Balto</i>		Town <i>Balto</i>		County <i>County</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>7<sup>th</sup></i>	Age <i>60</i>	Years	Months <i>10</i>	Days <i>15</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Bellvue shore Middl River</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Chas Burkhardt</i>						
Father's Name <i>George Burkhardt</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Florence Burkhardt</i>	How related to deceased <i>Daughter-in-law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Liver</i>	How long <i>about 3 Months</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Roth MD</i>
	Address <i>2005 Eastern an Balto</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

David J. Byrne

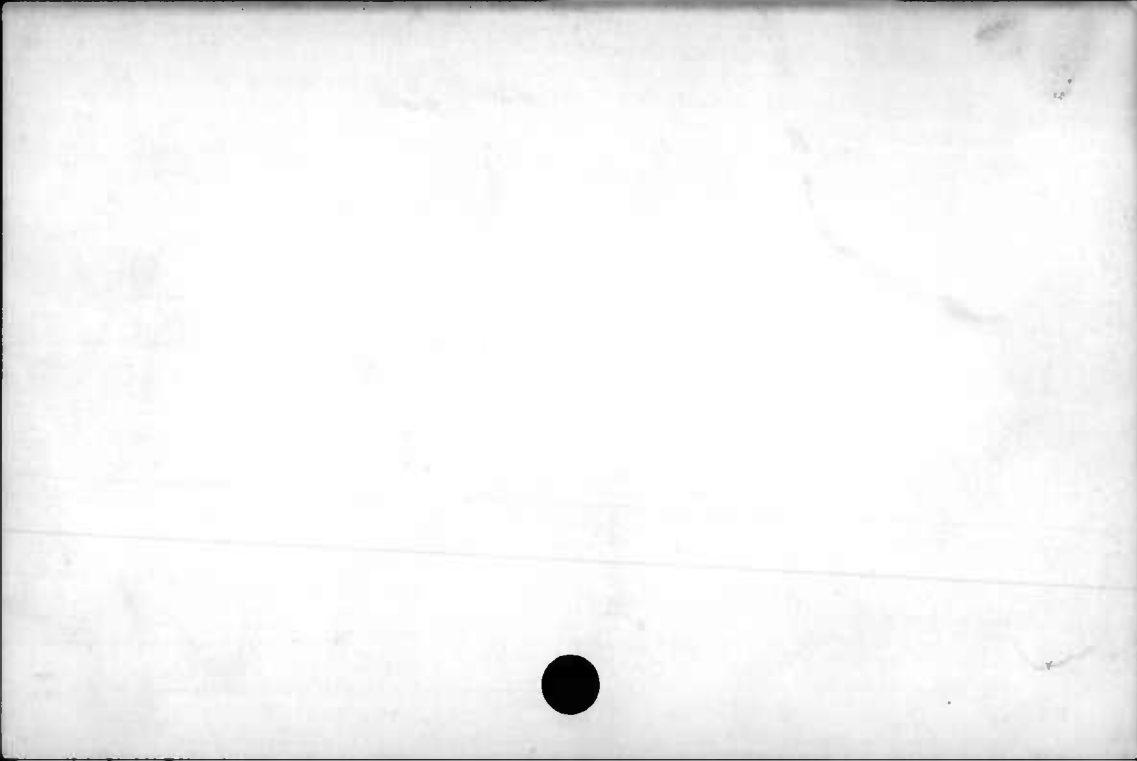
## CERTIFICATE OF DEATH

Died at <u>Fullerton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>28</u> <small>Day</small>	<u>35</u> <small>Years</small>	<u>11</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto Co</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Balto City</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Martin Byrne</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Anna Murphy</u>			Mother's Birthplace	<u>"</u>
Name of person giving Information	<u>Frank Byrne</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

Primary	<u>Mitral Insufficiency</u>	How long	<u>Do not know</u>
Immediate	<u>Failure (Found dead in bed)</u>	How long	<u>                    </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wingard J. Whitedon</u>		
<u>To the best of my knowledge</u>	Address <u>Fullerton, Md.</u>		
Accident or Suicide?	Coroner = <u>J. Harman Schone J.P.</u>		

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Bridge A. Cardon

## CERTIFICATE OF DEATH

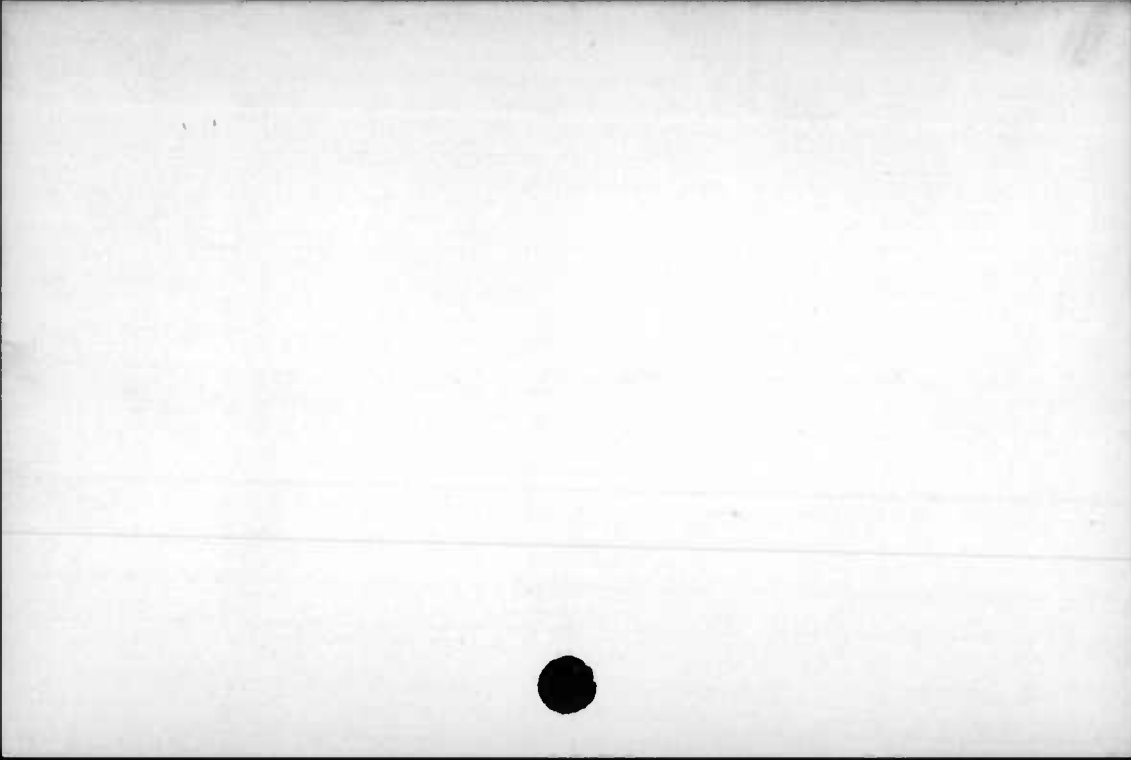
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retriah</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	Sept	Day	26 <sup>th</sup>	Age	72
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>Unknown</i>		Days <i>Unknown</i>	
Occupation <i>Sailor</i>		Birth-place <i>Ireland</i>		Where Residing if not at place of death <i>Scranton Pa</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>II</i>		Mother's Birthplace <i>II</i>					
Name of person giving information <i>Reed, Mt Hope Retriah</i>		How related to deceased <i>not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Mania</i>	How long	<i>abt 2 years</i>
Immediate	<i>Acute Gastro-Enteritis</i>	How long	<i>abt one wk -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery MD</i>	
		Address <i>Mt Hope Retriah</i>	
		<i>Baltimore Co Md.</i>	
<del>Accident or Suicide?</del>			



Name  
in  
Full

CERTIFICATE OF DEATH

a female still born <sup>barson</sup> child

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>St Helena</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>13</u>		Age <u>      </u> <sup>Years</sup>		<u>      </u> <sup>Months</sup> <u>      </u> <sup>Days</sup>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>St Helena</u>	
Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>David S barson</u>		Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>Jane R barson</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>David S barson</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Accidental</u>		How long <u>      </u>	
Immediate <u>      </u>		How long <u>      </u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Fred Y Pfeffer</u>	
<u>Still Born</u>		Address <u>1218 7th st st</u>	
Accident or Suicide? <u>      </u>			

witness

Ed W Ewing St Helena

Isabella Spenser " "

Sarah Fischer Shell Road

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Bessie Augusta V.*

Died at *Leutersville* <sup>Town</sup> *Butts* <sup>County</sup>

MARYLAND

Date of death *1901* <sup>Month</sup> *Sept* <sup>Day</sup> *23* Age *23* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Ma*

Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *Thomas Bessie* Father's Birthplace *Ma*

Mother's Maiden Name *X* Mother's Birthplace *X*

Name of person giving information *X* How related to deceased *X*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

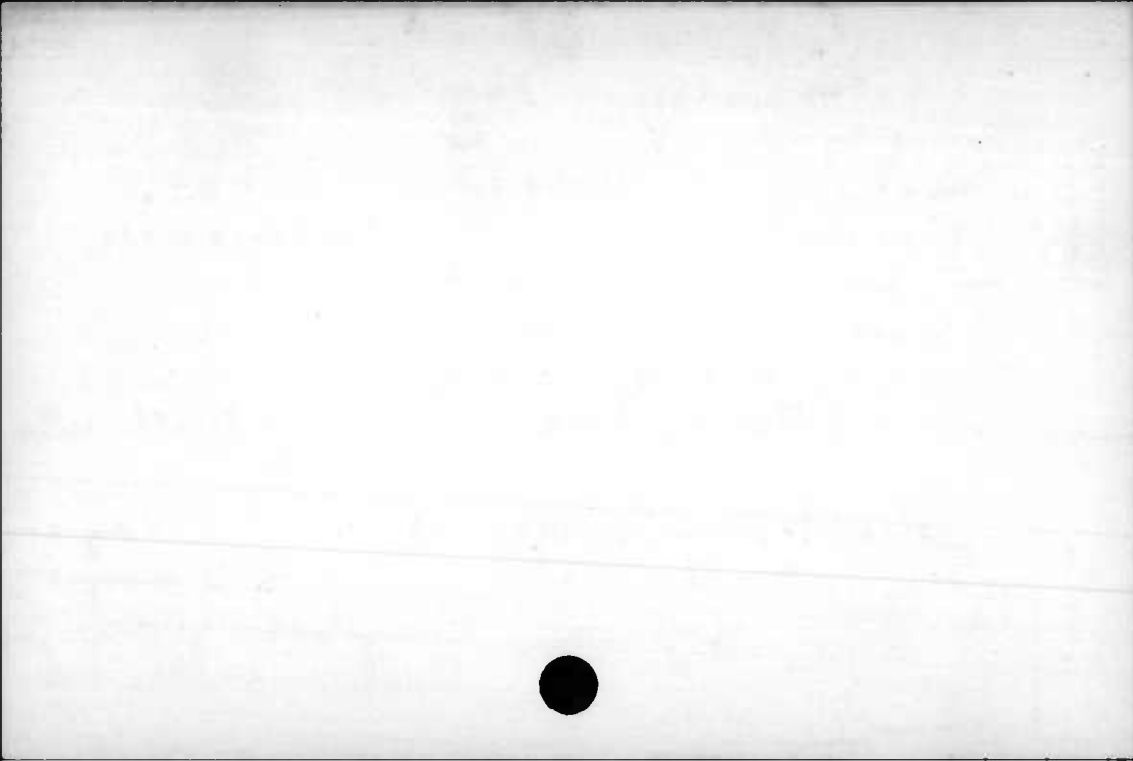
Primary *Dementia* How long *3 yrs.*

Immediate *Pulmonary Tuberculosis* How long *1 yr.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Wade*

*No* Address *Leutersville, Ma*

Accident or Suicide? *No*



Name  
in  
Full

Rev. Robert Clauderbuck,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Catonsville<sup>County</sup> Baltimore

MARYLAND

Date of death 1905 September 7

Age 35

Months

Days

Sex Male

Color or Race Colored

Birth-place Va.

Occupation Preacher.

Where Residing if not at place of death

Catonsville

Married, ~~Single~~ Married

Name of Wife or Husband

Bertha

Father's Name Washington Clauderbuck.

Father's Birthplace Va.

Mother's Maiden Name Elizabeth Hailstork

Mother's Birthplace Va.

Name of person giving information Ottaway Fox

How related to deceased Brother in Law

## CAUSES OF DEATH

Primary

Right-Hemiplegia

How long

3 days

Immediate

asthenia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

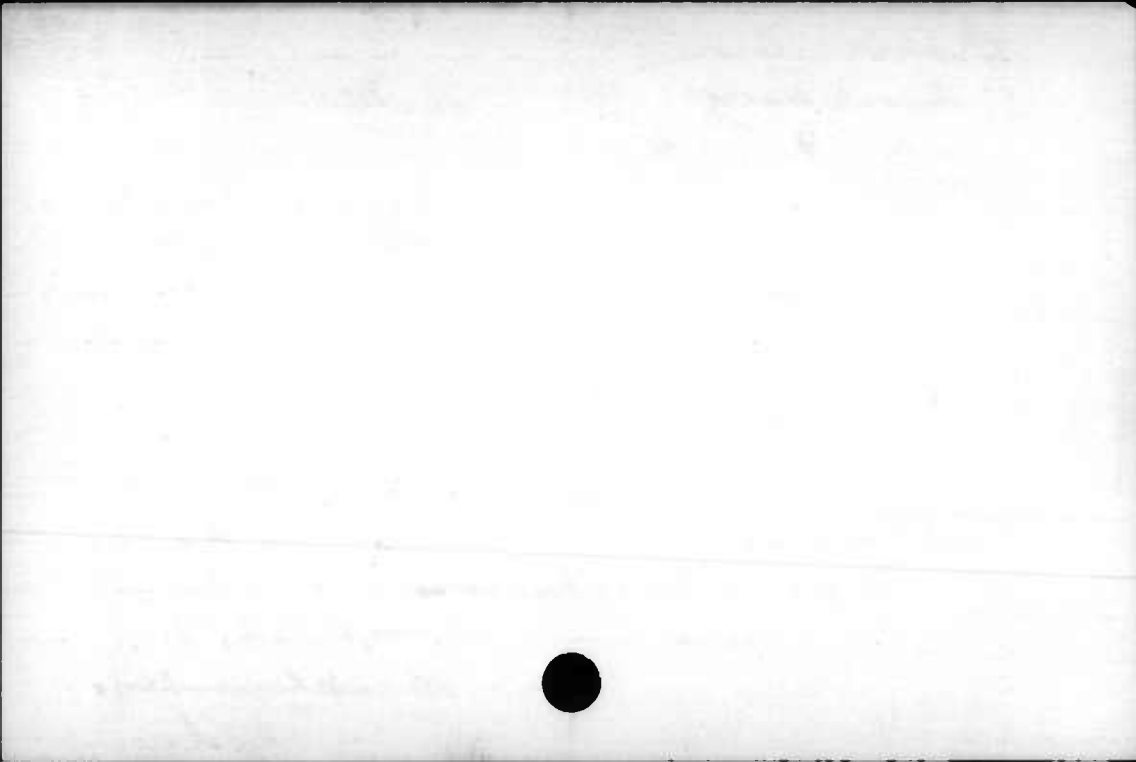
Signature of Physician

Marshall B. West,

Address

Catonsville, Md.

Accident or Suicide?





Name  
in  
Full

child of Edgar T. and Mahmita Copper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Hullsville*<sup>County</sup> *Baltimore*

MARYLAND

Date of death *1905 Sept 5*Age *Still Born*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Hullsville Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Edgar T. Copper*Father's  
Birthplace*Baltimore Md*Mother's  
Maiden Name*Mahmita Forrest*Mother's  
Birthplace*Baltimore Md*Name of person giving  
In formation*Edgar T. Copper*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

How long

Immediate

*Cord around child's neck*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*E. B. Freeman**623 Columbia Ave*

Accident or Suicide?

Baltimore Em.

Jos B Cook

---

Name  
in  
Full

Rosie V. Cox

## CERTIFICATE OF DEATH

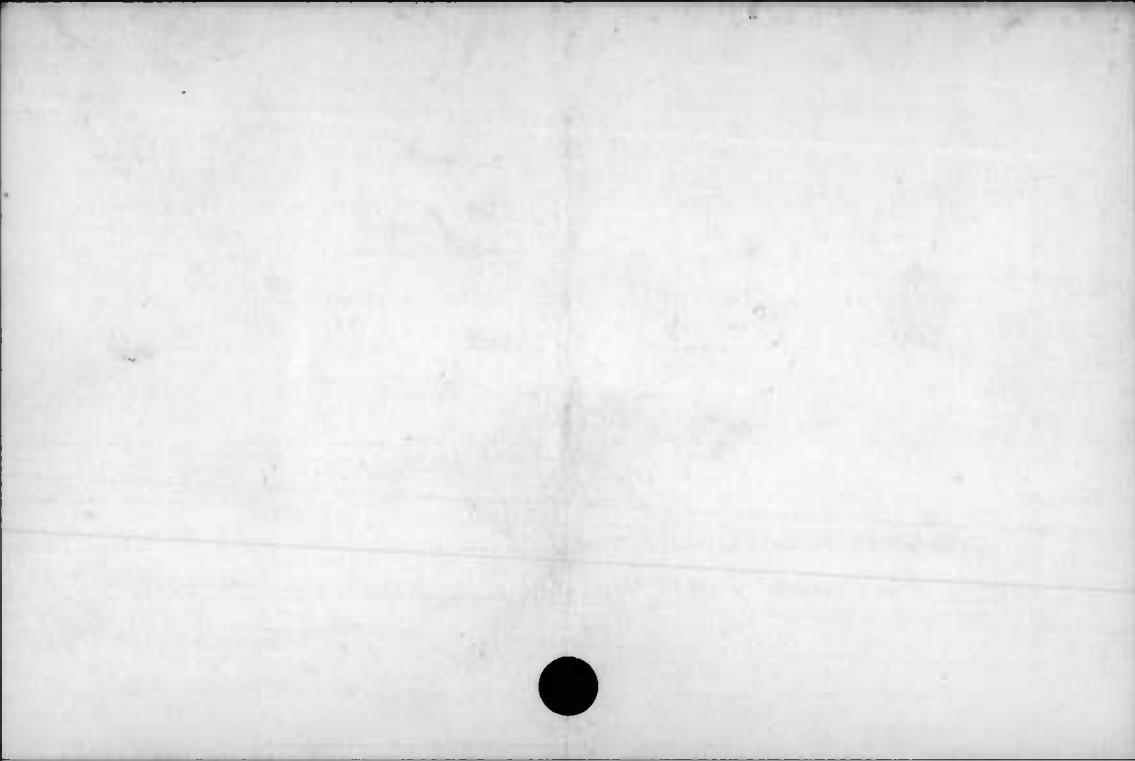
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Black Rock</i>		Town <i>Black Rock</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>9</i>	Day <i>6</i>	Age <i>29</i>	Years <i>29</i>	Months <i>8</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>				
Married, Single or Widowed <i>Single Married</i>		Occupation <i>House-wife</i>					
Name of Wife or Husband <i>Rosa V. Cox, Hearn Cox</i>							
Father's Name <i>John. Hampshire</i>		Father's Birthplace <i>Balto Co. Md</i>					
Mother's Maiden Name <i>Sophia Eberg</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Hearn Cox, Husband</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Strangulated Hernia</i>	How long <i>100</i>	<i>15 days</i>
Immediate <i>Heart Failure + Prostration</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Rush, M.D.</i>	
	Address <i>Buckleysville, Md.</i>	
Accident or Suicide?		



Name  
in  
Full

Alice C. Cursey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Baldwin</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Sept.</i>		Day <i>12</i>		Years <i>48</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore City</i>		Months <i>9</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Cursey</i>					
Father's Name <i>Wm. H. Hall</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Minnie Cursey</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Breast</i>	How long <i>18 month</i>
Immediate <i>General Metastasis</i>	How long <i>6 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Jno. S. Greew</i>
	Address <i>Gittings</i>
Accident or Suicide? <i>—</i>	

203

Name  
in  
Full

CERTIFICATE OF DEATH

Henry W. Demuth

Town

County

Died at

Pleasant Hill

Balto

MARYLAND

Date

1905 Sept

Month

Day

6

Age

Years

73

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Frederick, Md

Occupation

Day Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of ~~Wife~~ or  
Husband

Mary A. Demuth

Father's  
Name

Harvey Demuth

Father's  
Birthplace

Mother's  
Maiden Name

Barbara Valentine

Mother's  
Birthplace

Name of person giving  
In formation

Mary A Demuth

How related  
to deceased

wife

CAUSES OF DEATH

Primary

General debility

How long

one year

Immediate

Heart failure

How long

five days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thurman

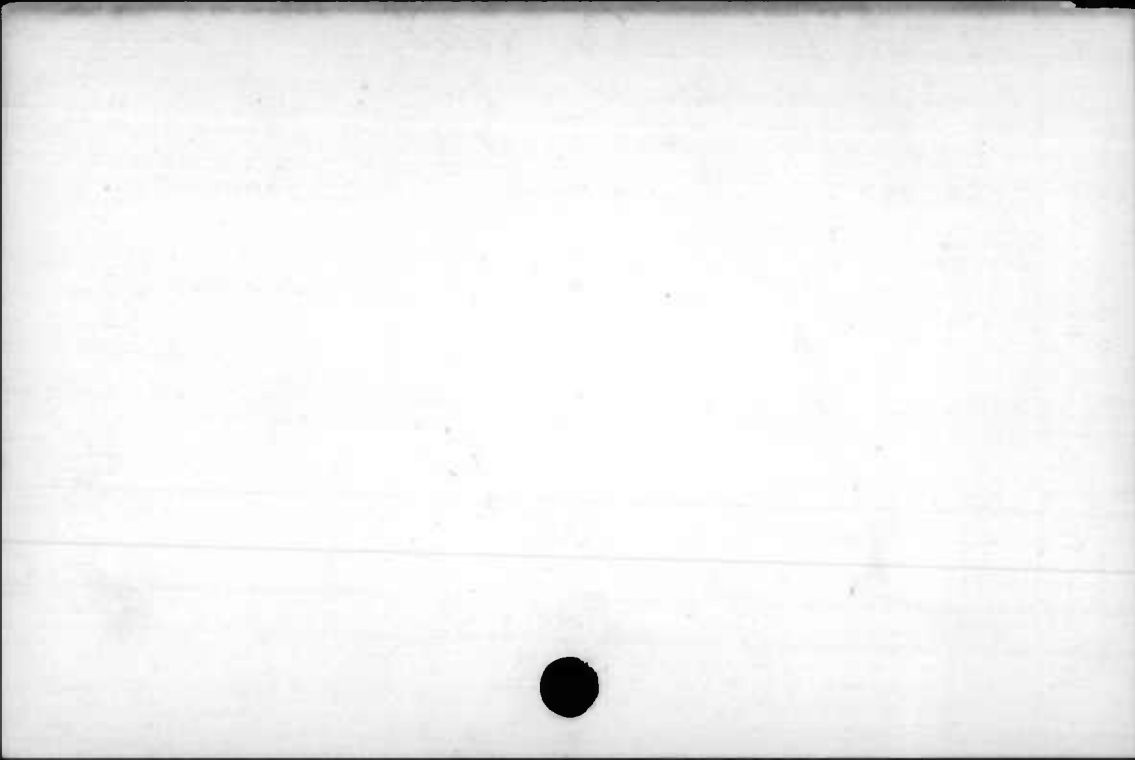
Address

Glyndon

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Balto. Co. Alms-house</i>			
		Date of death 1905		Month 9	
		Day 24		Age 44	
		Sex Male		Color or Race White	
		Married, Single or Widowed Single		Occupation Laborer	
		Name of Wife or Husband		Birth-place Germany	
		Father's Name		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Tumor		How long
	Immediate		Ascites		How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Since Jan 4, 05
	Signature of Physician		Dr. Thos. C. Bilessey		Been treating him
	Address		Texas		
Accident or Suicide?		Md.			

A. W. Evans  
Supt & Pauck Co  
Alma House  
St Josephs County

Name  
in  
Full

Elsie R. Daelfel

## CERTIFICATE OF DEATH

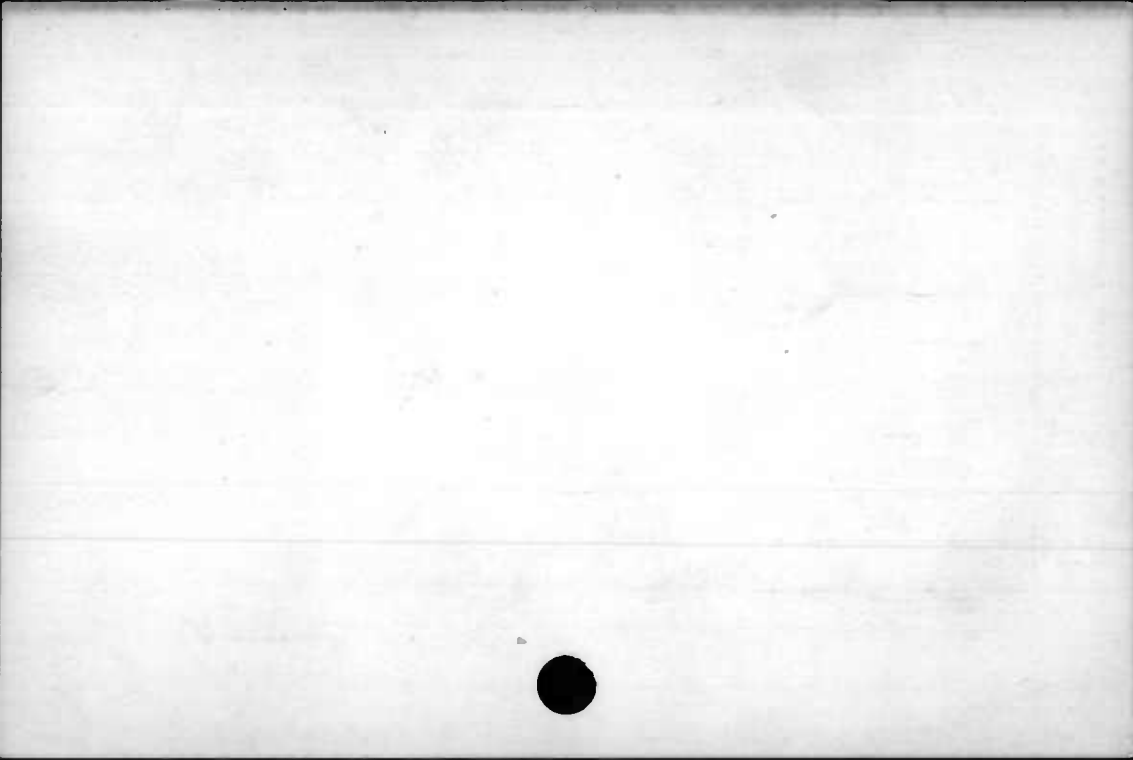
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Panton</u> <sup>Town</sup>		<u>Balw</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>Dec</u> <sup>Month</sup>	<u>18</u> <sup>Day</sup>	Age <u>18</u> <sup>Years</sup>	Months	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balw Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John S Daelfel</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Wheat</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>M Schuch</u>			How related to deceased <u>1799</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Natural Causes</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Coroner J M G Muelly</u>
	Address <u>551 Clinton st</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Elizabeth Dolfel

## CERTIFICATE OF DEATH

Town

County

Baltimore

MARYLAND

Died at

Date

of death 1905

Month

9

Day

4

Age

35

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John Dolfel

Father's  
Name

Peter Keimann

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth "

Mother's  
Birthplace

"

Name of person giving  
In formation

Husband

How related  
to deceased

Husband

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

R. P. Hemorrhage

How long

-

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

YES

Signature of  
Physician

Address

E. Williams M.D.  
1114 Chapel St

Accident or Suicide?

Was unattended during Agony

PHYSICIAN  
OR CORONER

J. C. Schuch <sup>Aug 5th</sup>  
Mr. Carnell -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Miss Nellie Donnelly</i>		Town <i>Balto</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes' Hosp.</i>		Month <i>Sept.</i>		Day <i>9</i>		Years <i>33</i>	
Date of death <i>1905</i>		Age <i>33</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation				Where Residing if not at place of death <i>710 E. Chase St.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Ambrose Donnelly</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Margaret Keegan</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving information <i>John J. Donnelly</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

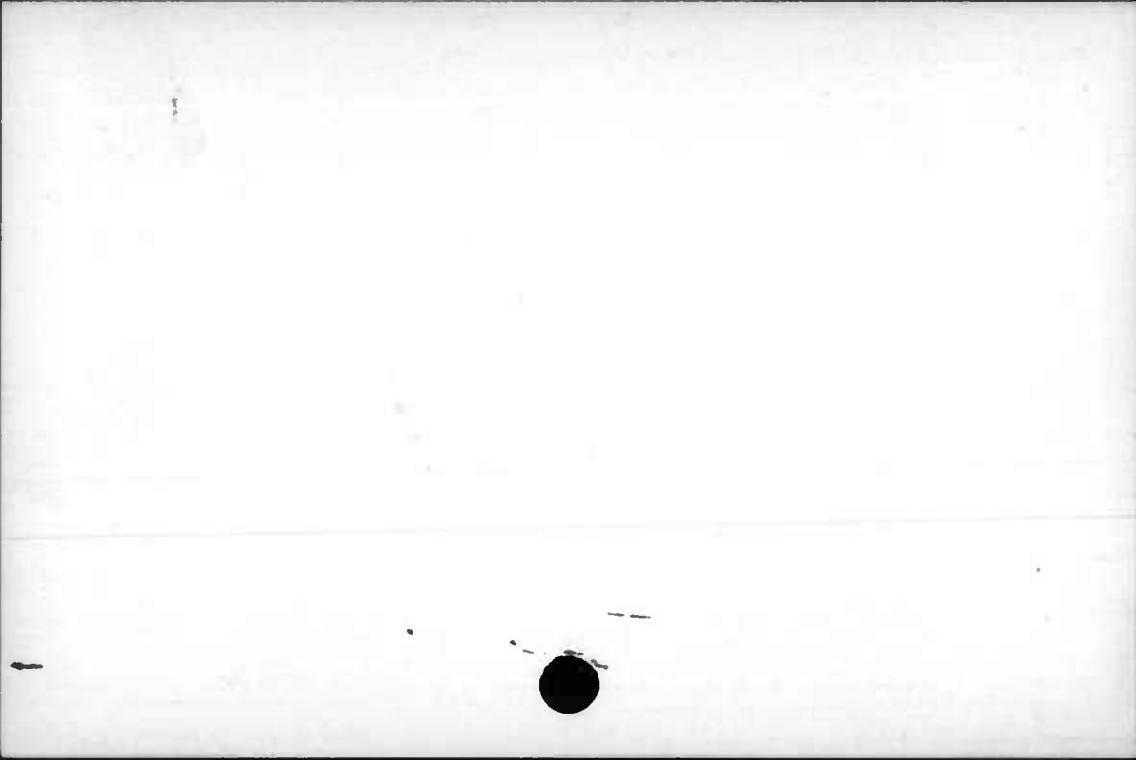
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name in Full		Frederick Dorfler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highland town		County Balto.		MARYLAND
	Date of death		1905	Month Sept.	Day 3	Age 3	Months 8
	Sex Male		Color or Race White		Birth- place Balto. Co.		
	Occupation ~		Where Residing if not at place of death				
	Married, Single or Widowed -		Name of Wife or Husband -				
	Father's Name John Dorfler		Father's Birthplace Germany.				
	Mother's Maiden Name Stanislaus Krubinsky		Mother's Birthplace Poland				
Name of person giving In formation John Dorfler -		How related to deceased Father.					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pericardium			How long 9 mos -	
	Immediate		Exhaustion			How long 3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. N. Atkey -		
	Accident or Suicide?		~		Address #2 Hudson St Balt.		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Ellen Dorsey* Town *South Level* County *Baltimore* MARYLAND

Died at *South Level*

Date of death 190*5* Month *9* Day *8* Age *84* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Balt. Co.*

Married, Single or Widowed *Widow* Occupation *Housewife*

Name of ~~Widow~~ Husband *Frank Dorsey*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Geo. A. Williams* How related to deceased *Grand son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile Debility* How long *154* ☒

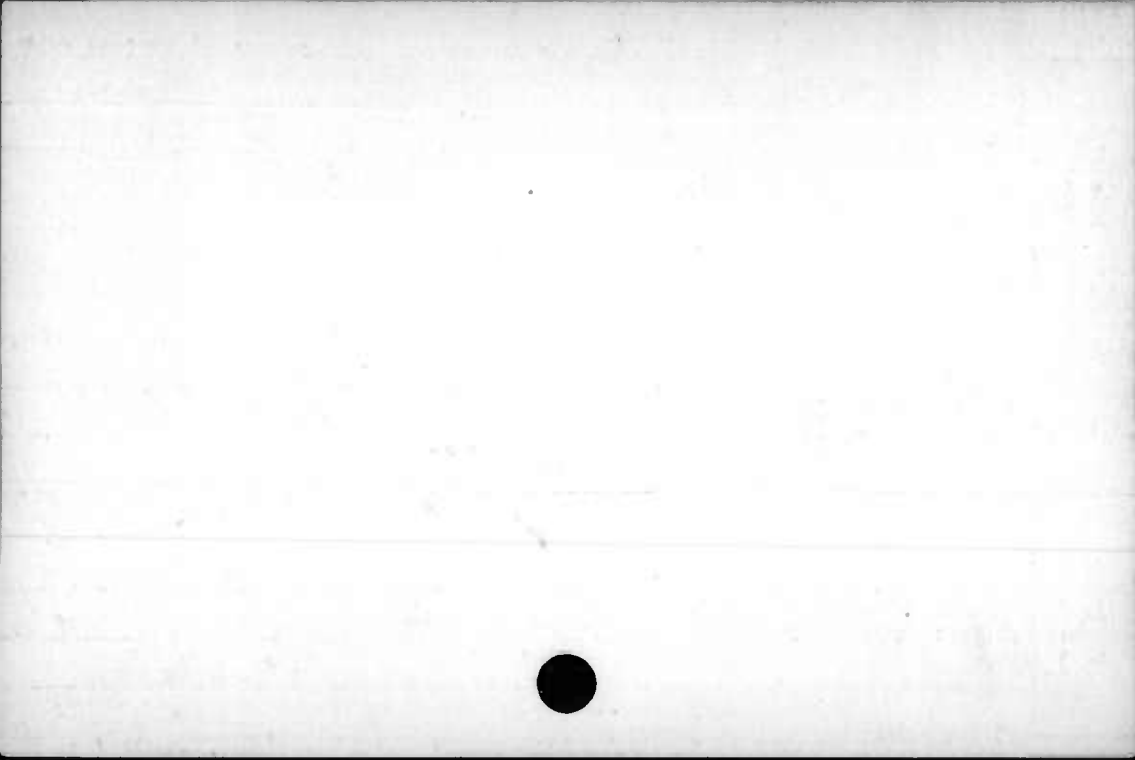
Immediate *Exhaustion* How long *Abt 1 week*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Henry A. Maylor*

Address *Pikesville*

Accident or Suicide? *no.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>James Norman Dorsey</b>		Town <b>Woodlawn</b>		County <b>Balto</b>		MARYLAND			
Died at		Date of death <b>1905 September 18</b>		Age <b>1</b>		Months <b>-</b>		Days <b>3</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Balto Co</b>					
Occupation <b>None</b>		Where Residing if not at place of death <b>-</b>							
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>							
Father's Name <b>Frank B. Dorsey</b>		Father's Birthplace <b>Ma</b>							
Mother's Maiden Name <b>Mary Frances</b>		Mother's Birthplace <b>Ma</b>							
Name of person giving information <b>Frank B Dorsey</b>		How related to deceased <b>Father</b>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Marasmus</b>	How long	<b>6 months</b>
Immediate	<b>4</b>	How long	
Are the name, age, sex, color, date and place correctly given above?	<b>yes.</b>	Signature of Physician	<b>Dr. C. Smink</b>
		Address	<b>Woodlawn Md</b>
Accident or Suicide?			

Mt Olivet Baltimore City  
Jos. B. Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. Downie* Town *11 Fair ave* County *Baltimore* MARYLAND

Died at *11 Fair ave*

Date of death *1905* Month *9* Day *17* Age *43* Years Months *11* Days *11*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *None* Where Residing if not at place of death *11 Fair ave*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Henry S. Downie* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Reese* Mother's Birthplace *Md*

Name of person giving information *Elizabeth Downie* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pelvic abscess* How long *4 days*

Immediate *Acute Nephritis* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *M. J. McLaughlin*

Address *839 S. Calver St.*

Accident or Suicide? ☐

87 9194418301334  
84



Name

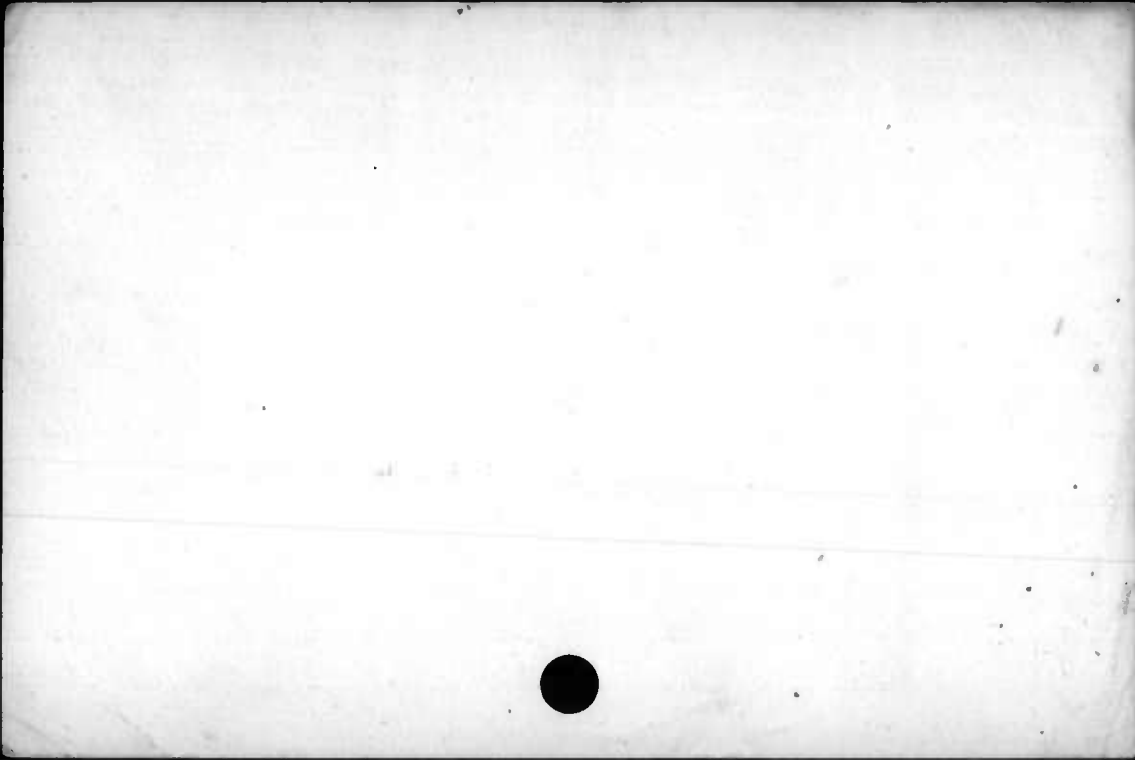
in Full

## CERTIFICATE OF DEATH

Name in Full <i>Octavius S. Dyett</i>		Town <i>Berford</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>17</i>		Age <i>70</i>	
Date of death 190		Months <i>3</i>		Years <i>10</i>		Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Philapolis, Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Porter</i>					
Name of Wife or Husband <i>James M Dyett</i>		Father's Birthplace <i>Port of Spain, Trinidad</i>					
Mother's Maiden Name <i>Lucinda Jackson</i>		Mother's Birthplace <i>Baltimore Co.</i>					
Name of person giving information <i>Lucinda Dyett</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pulmonary abscess</i>	How long	<i>10 weeks</i>
	Immediate	<i>Asphyxiation</i>	How long	<i>12-16 hrs</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician <i>A. R. Mitchell</i>		Address <i>Mount Airy, Md.</i>	
Accident or Suicide?				



Name in Full		Oliver R. Ellers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Wiggins		County Baltimore		MARYLAND	
	Date of death 190	5	Month 9	Day 4	Age 14	Months 11	Days —
	Sex	Male		Color or Race	white		Birth-place Baltimore
	Married, Single or Widowed	Single			Occupation —		
	Name of Wife or Husband	—					
	Father's Name	John R. Ellers				Father's Birthplace	
	Mother's Maiden Name	—				Mother's Birthplace	
	Name of person giving information	John R. Ellers				How related to deceased Father	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	—				How long	—
	Immediate	Drowning				How long	—
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	August W. Miller, coroner
	Accident or Suicide?	accident				Address	Mt. Wiggins Baltimore, Md

J. J. Cowen

Name  
in  
Full

## CERTIFICATE OF DEATH

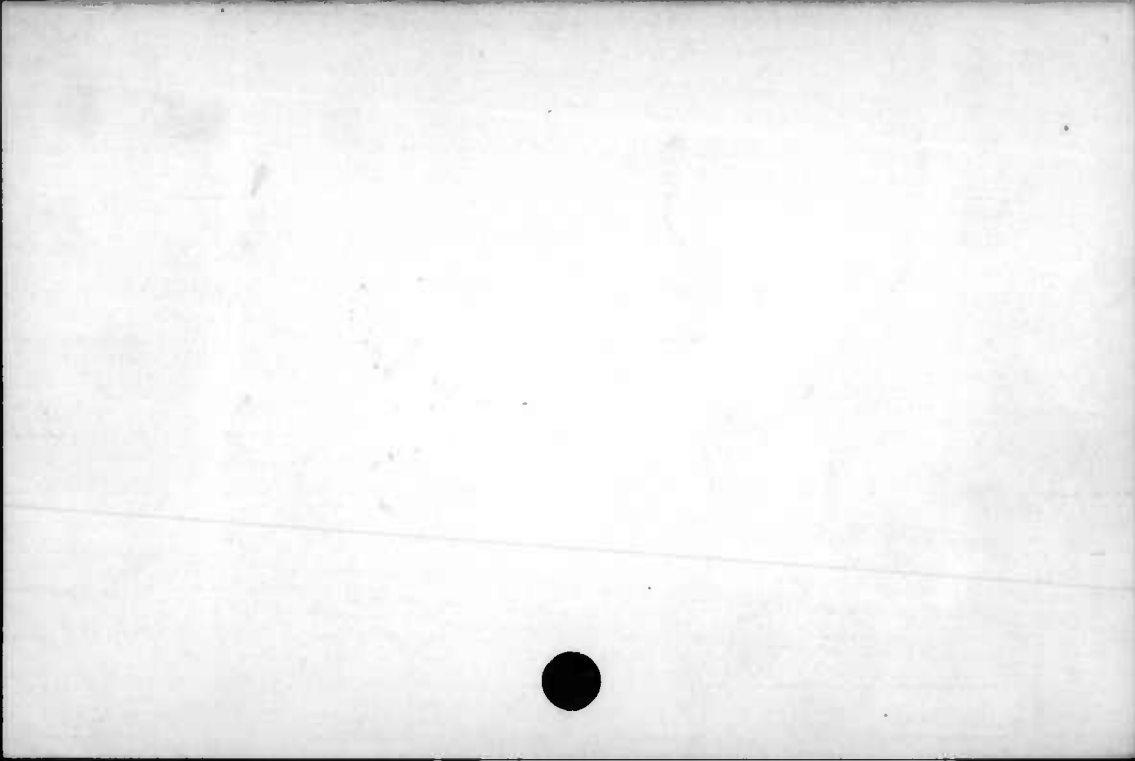
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Alan Theodore Cewing				Town St Helena		County Balto		MARYLAND					
Died at		Date of death		Month		Day		Age		Years		Months		Days	
		1905		10		28		1		7		16			
Sex		male		Color or Race		white		Birth- place		St. Helena					
Occupation				Where Residing if not at place of death											
<del>Married</del> , Single		<del>Widowed</del>		Name of Wife or Husband											
Father's Name		Edwin Cewing		Father's Birthplace		Va.									
Mother's Maiden Name		Sarah E Cewing		Mother's Birthplace		Md.									
Name of person giving In formation		Edwin Cewing		How related to deceased		father									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Dementia		How long		4 weeks	
Immediate		Exhaustion		How long		4 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J C Schofield	
Accident or Suicide?				Address		1400 Forest St Highlandtown	



Name  
in  
Full

Charles D. Filliaux

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Highlandtown* <sup>Town</sup>*Baltimore* <sup>County</sup>

MARYLAND

Date of death *1905 Sept.*Day *4*Age *—* YearsMonths *7*Days *7*Sex *Male*

Color or Race

*white*

Birth-place

*Balt.*

Occupation

Where Residing if not at place of death

*529 Gough St. Ex't.*

Married, Single or Widowed

*Single*

Name of Wife or Husband

Father's Name

*John W. Filliaux*

Father's Birthplace

*Penn.*

Mother's Maiden Name

*Sophia Deems*

Mother's Birthplace

*Md.*

Name of person giving information

*Sophia Filliaux*

How related to deceased

*Mother.*

## CAUSES OF DEATH

Primary

*Cholera Infantum complicated w/*

How long

*3 weeks,*

Immediate

*Pneumonia*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*E. W. Lamm M.D.*

Address

*304 Bent St Ex't*

Accident or Suicide?

*No*PHYSICIAN  
OR CORONER

Dr. Jarey,  
Mr. Carmel  
H. Sander & Sons



Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	Annie Fischer		County		MARYLAND							
	Died at Canton		Balto.									
	Date of death	1905	Month	Sept.	Day	29 <sup>th</sup>	Age	2	Months	—	Days	20
	Sex	Female		Color or Race	White		Birth-place	Balto Co.				
	Occupation						Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband								
	Father's Name	Bernard Fischer						Father's Birthplace	Balto Co.			
Mother's Maiden Name	Kunigunda Gebhard						Mother's Birthplace	Balto Co.				
Name of person giving information	Bernard Fischer						How related to deceased	Father.				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Congestion of lungs						How long	24 hrs			
	Immediate	Emphysema						How long				
	Are the name, age, sex, color, date and place correctly given above?						Yes					
	Signature of Physician						E. H. Williams					
	Address						1114 Chesapeake St.					
Accident or Suicide?						No						

Sacred Heart Conn.

Oct 1<sup>st</sup> 1905

Germanus France

Name  
in  
Full

Theresa Fortenbaugh.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Catonsville		Balto. Co.					
Date of death	1905	Month	Sept.	Day	29th	Age	84.
Sex	Female	Color Race	White	Months	11.	Years	9.
Occupation				Birthplace	Baden, Germany.		
				Where Residing if not at place of death			
				412 W. Lombard St.			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Rudolph Fortenbaugh.			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Mrs. C. Fortenbaugh.			How related to deceased	Daughter-in-law		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diarrhoea - Paralysis	How long	Eight weeks
Immediate	Gangrene	How long	Seven days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John G. Holliday M.D.	
Address		714 Frederick Ave	
Accident or Suicide?			

Dr Halladay

Frederick Road

Name  
in  
Full

Isaac H. Francis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Relay</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>25</u> <small>Day</small>	<u>58</u> <small>Years</small>	<u>1</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Mass.</u>
Occupation	<u>Shaw Hat Mfg.</u>		Where Residing if not at place of death <u>Relay Ind.</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mrs. L. Francis</u>		
Father's Name	<u>Henry Francis</u>			Father's Birthplace	<u>Mass.</u>
Mother's Maiden Name	<u>—</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>Mrs L Francis</u>			How related to deceased	<u>Wife</u>

## CAUSES OF DEATH

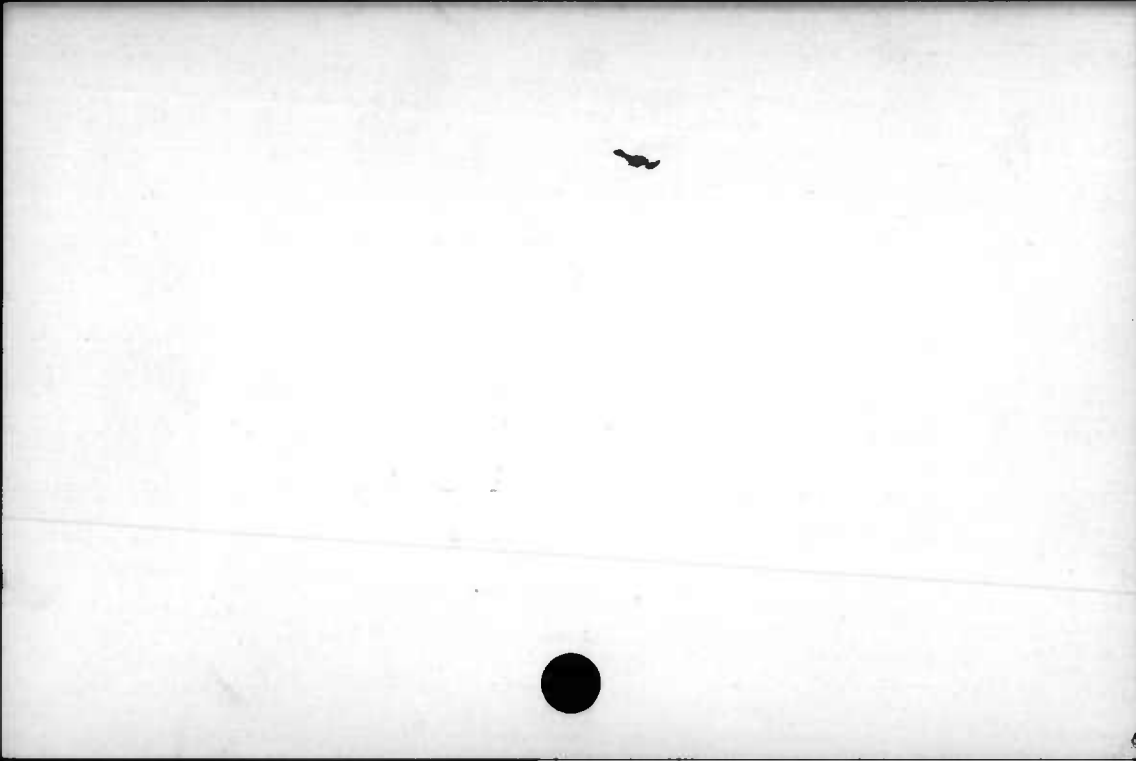
PHYSICIAN  
OR CORONER

Primary	<u>Endo Arteritis</u>	How long	<u>five years</u>
Immediate	<u>Heart Disease &amp; Bright's Disease</u>	How long	<u>2 years</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Arthur Williams</u>
		Address	<u>ELR Ridge Ind</u>
Accident or Suicide?	<u>no</u>		

To be buried in  
London Park Cemetery.  
by <sup>And</sup> Henry W. Mears Son  
805 N. Calvert St.  
Balto. Md.

Dr. Mayfield  
Batonville, Md.

Name in Full		Lemuel A. Gates						CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Int. Washington Balto. Co.						MARYLAND					
	Date of death	1905	Month	Sept.	Day	8th	Age	76	Years	7	Months	17	Days
	Sex	Male		Color or Race	White			Birthplace	Maryland				
	Occupation	Rigor & Engineer						Where Residing if not at place of death		J.			
	Married, Single or Widowed	Married		Name of Wife or Husband	Sarah A. Gates								
	Father's Name	William Gates						Father's Birthplace	Maryland				
	Mother's Maiden Name	Miss Wedding						Mother's Birthplace	Maryland				
Name of person giving information	Lloyd R. Gates						How related to deceased	Son					
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Locomotor Ataxia (62)						How long	15 years				
	Immediate	Asthenia						How long	one year				
	Are the name, age, sex, color, date and place correctly given above?	yes						Signature of Physician	William J. Ford				
	Address							W Washington					
Accident or Suicide?													





Name  
in  
Full

Conrad Gephardt

## CERTIFICATE OF DEATH

Died at *Fullerton* <sup>Town</sup>*Balto* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *9**28th* <sup>Day</sup> *4* <sup>Years</sup> *4* <sup>Age</sup>*10* <sup>Months</sup>*—* <sup>Days</sup>Sex *Male*Color or Race *W*Birth-place *Fullerton*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's Name *Christ Gephardt*Father's Birthplace *Germany*Mother's Maiden Name *Annie Neubauer*Mother's Birthplace *"*Name of person giving  
Information *Christ Gephardt*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary

*Spasms,*

How long

*several hours*

Immediate

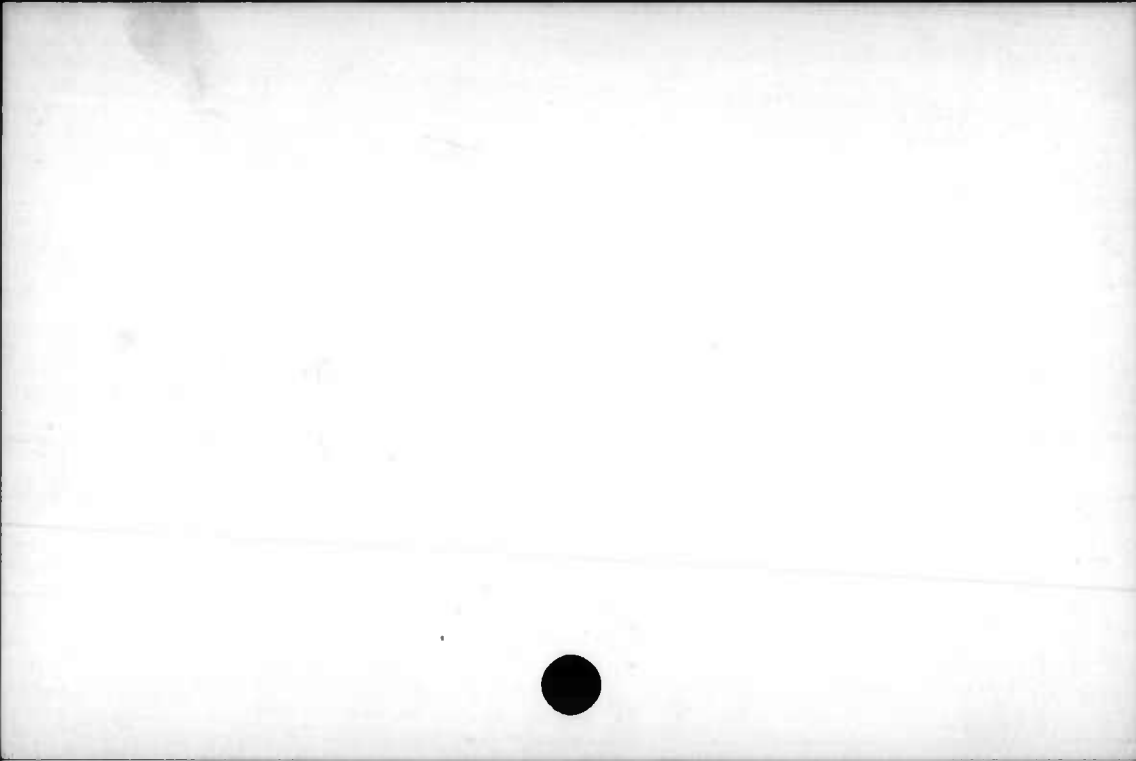
*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Ringard J. Whitford*  
*Fullerton, Md.*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

County

## MARYLAND

Years

Age

Months

Days

Color or Race

Birth-  
place

Where Residing if not  
at place of death

Name of Wife or  
Husband

Father's  
Birthplace

Mother's Birthplace

How related  
to deceased

### CAUSES OF DEATH

How long

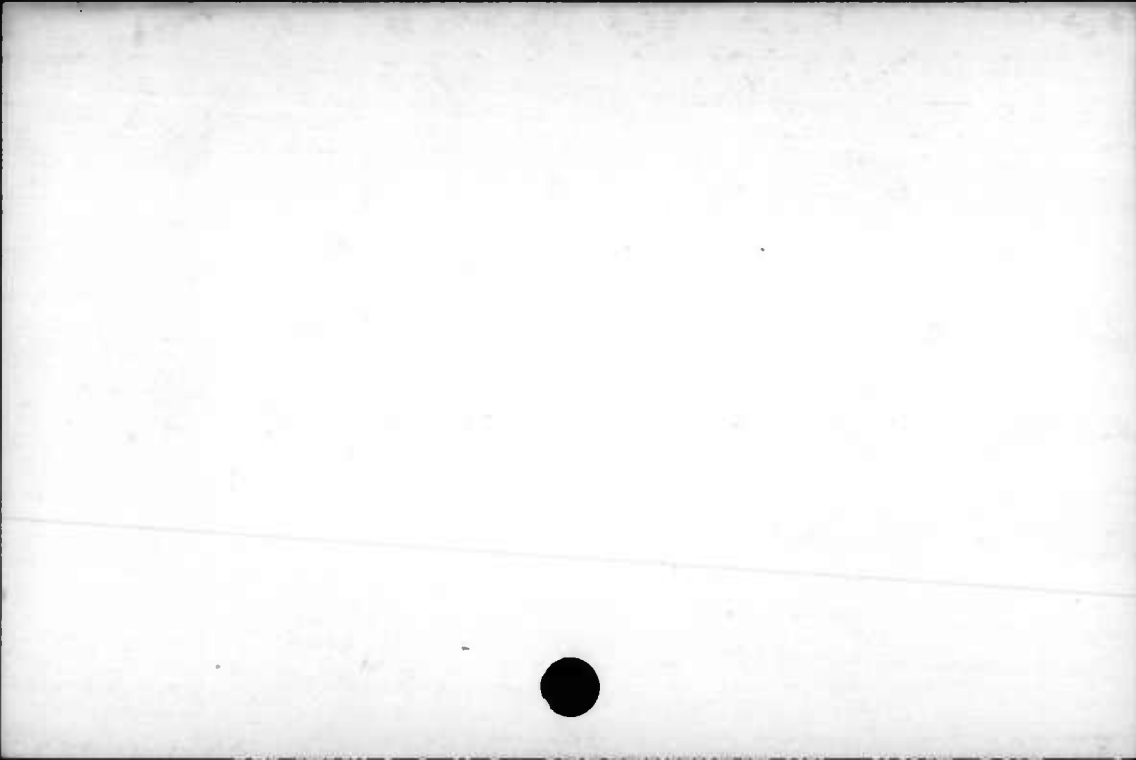
How long

yes

Signature of Physician

Address

~~Accident or Suicide?~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Derona</i>		County <i>Balto</i>	
Date of death		Month <i>Sept</i>	Day <i>27</i>	Age <i>86</i>	Years <i>86</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Bellport Ind</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>M. Lozuch</i>			
Father's Name <i>Abraham Enos</i>		Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Rebecca Cole</i>		Mother's Birthplace <i>Balto. Co.</i>			
Name of person giving information <i>Mrs Fannie Smith</i>		How related to deceased <i>Grand Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>3 days</i>
Immediate	<i>Strenuous</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. W. Sherman</i>	
		Address <i>Shelton Ind</i>	
<u>Accident or Suicide?</u>			

Interment at Goshute  
Cemetery Sep 29<sup>th</sup> "

M. C. Brooks

Name  
in  
Full

Marion Gosnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Balto. Co. Aloushouse* <sup>Town</sup> *Balto. Co. Aloushouse* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *9* <sup>Day</sup> *29* <sup>Years</sup> *61* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Balto. Co. Md.*Occupation *Unknown* Where Residing if not at place of deathMarried, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate *Infirmities of old age* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Thos. C. Bussey*Address *Texas Md.*

Accident or Suicide?

Body claimed by  
Board of Anatomy  
no permit required

Attest

Super



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Monell Pk.</i>		County <i>Balto, Co.</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>17</i>	Age <i>5</i>	Months <i>3</i>	Days <i>22</i>	
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Ind.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Grace</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Elizabeth Hurace</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>James Grace</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>24 hours</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo. S. M. Kieffer M.D.</i>	
		Address	
		<i>Monell Pk.</i>	
		<i>Balto Co Ind.</i>	
Accident or Suicide?			
<i>—</i>			

Mr Oliver

Frank

Name  
in  
Full

Oda E. Groves

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		Month 9	Day 19	Years 38	Months 9		Days —
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband William Groves					
Father's Name John Lynch		Father's Birthplace D. C.					
Mother's Maiden Name Jane Hughes		Mother's Birthplace Maryland					
Name of person giving information William Groves		How related to deceased Husband					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Nephritis		How long Seven weeks	
	Immediate	Nephritis			How long One week
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician G. E. Rusk	Address 2000 E. Lomb St -
	Accident or Suicide?				

Mount Carmel.  
H. Sander & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

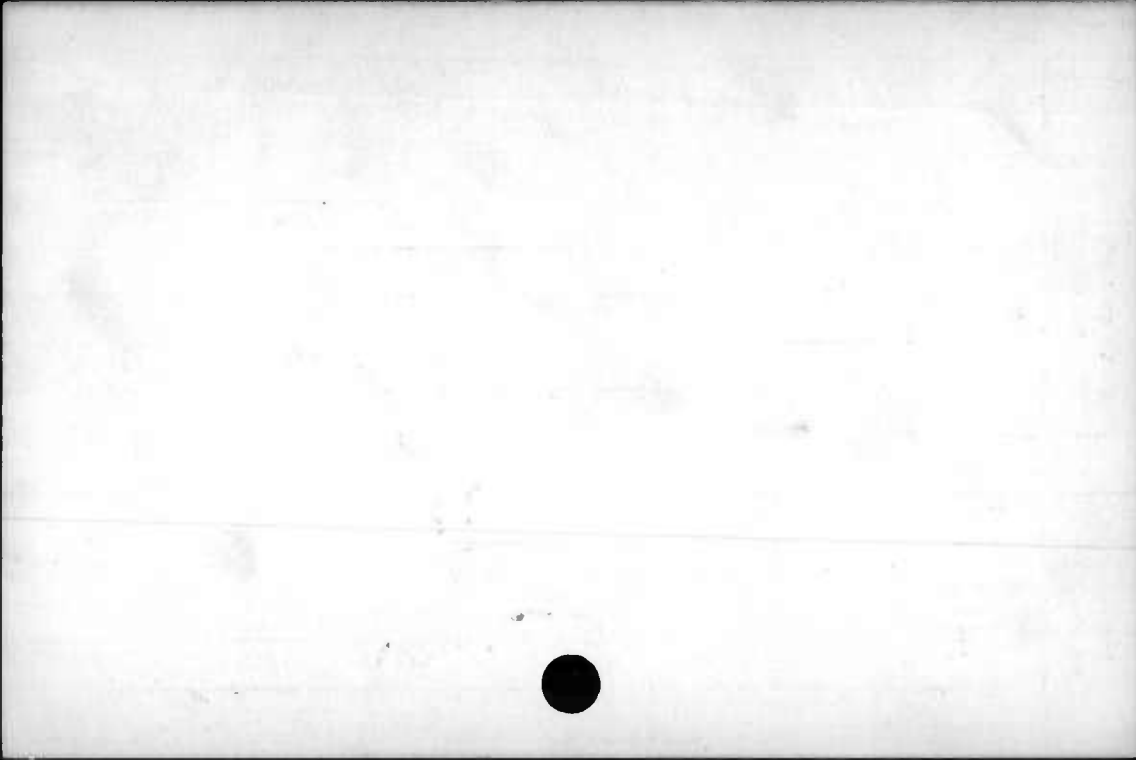
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fullerton</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept.</i>	Day	<i>23</i>
		Age	<i>40</i>	Years	<i>7</i>
		Months	<i>7</i>	Days	<i>-</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Chas. F. Haefele</i>		
Father's Name	<i>—</i>	Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>—</i>	Mother's Birthplace	<i>Germany</i>		
Name of person giving Information	<i>Chas. F. Haefele</i>		How related to deceased <i>Husband.</i>		

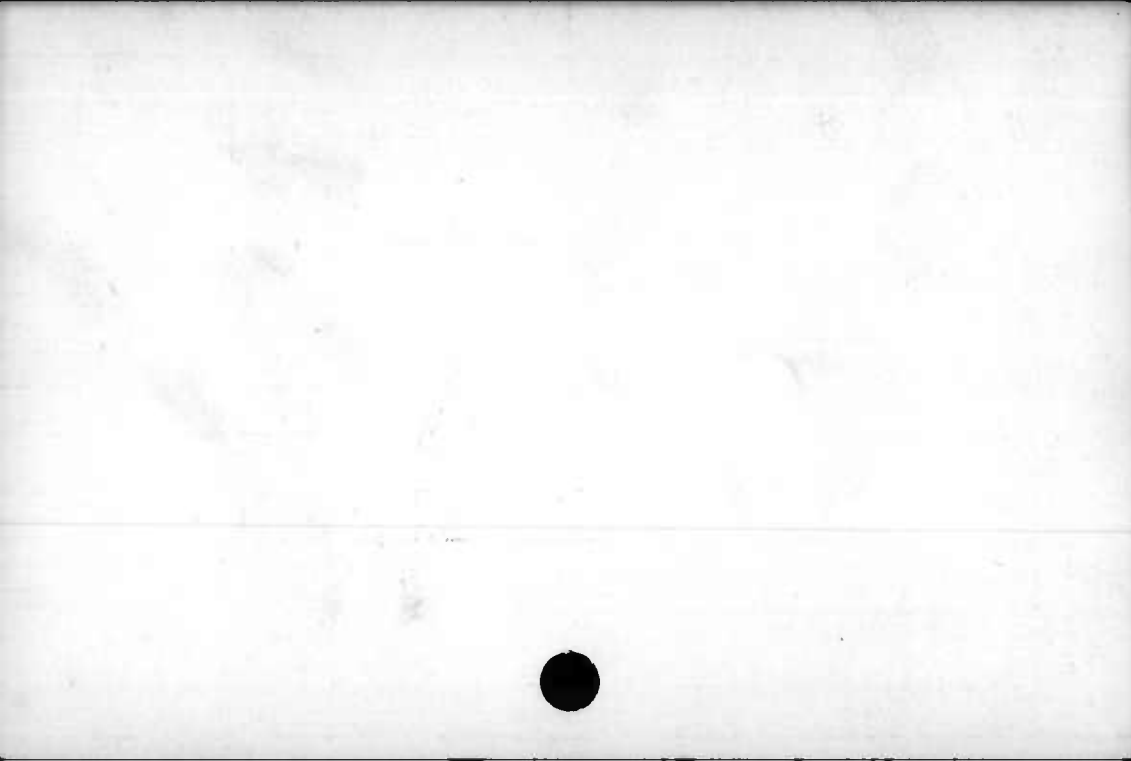
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastric ulcer</i>	How long	<i>about 2 years.</i>
Immediate	<i>Failure of vital forces</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lingard Edithford,</i>	
<i>To the best of my knowledge</i>		Address <i>Fullerton, Ind.</i>	
Accident or Suicide? <i>_____</i>			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mt Hope Retreat Baltimore Co</i>			
		Date of death <i>1905</i>		Age <i>39</i>	
		Month <i>Sept</i>		Day <i>14</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>Brooklyn N.Y.</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>	
		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
		Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Reed Mt Hope.</i>		How related to deceased <i>not at all.</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Mania Chronic</i>		How long <i>abt 14 yrs -</i>	
		Immediate <i>Exhaustion -</i>		How long <i>abt one year.</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope Retreat Baltimore Co Md.</i>			
Accident or Suicide? <i></i>					





Name  
in  
Full

Mary Marie Samuel,

## CERTIFICATE OF DEATH

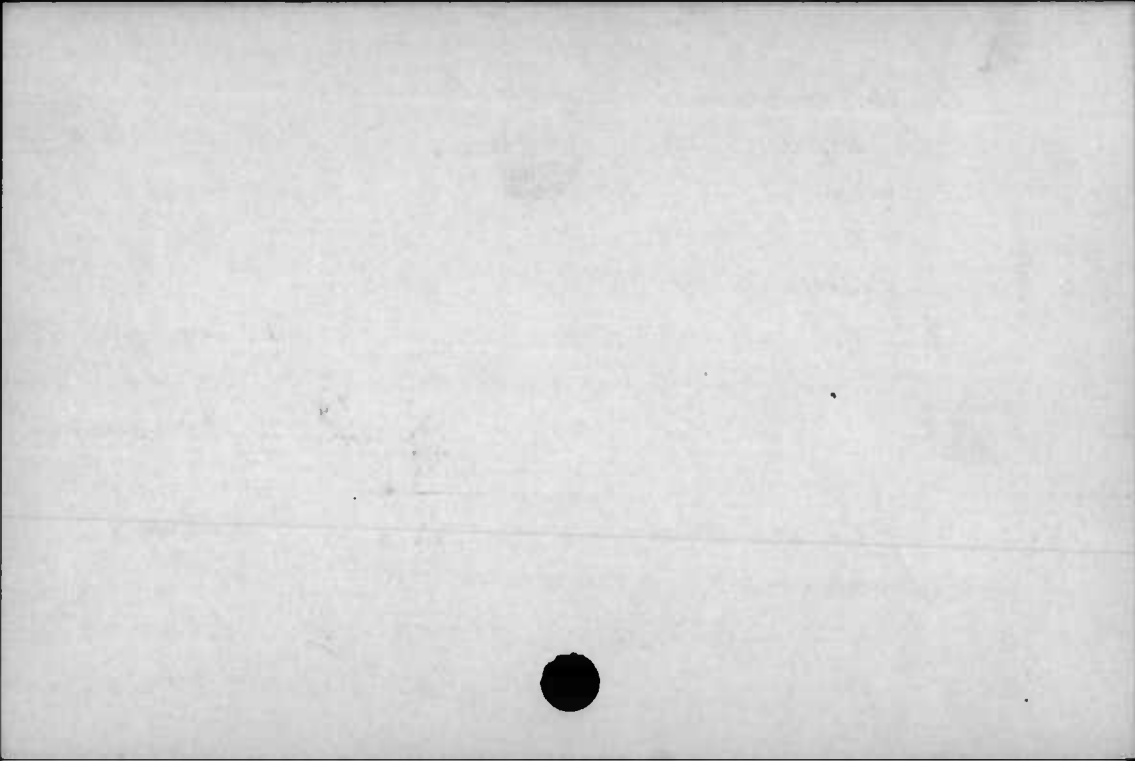
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fullerton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept.</i>	Day	<i>11</i>
Age		Years		Months	<i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>above</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>John H. Samuel</i>			Father's Birthplace <i>Balto. City</i>		
Mother's Maiden Name <i>Barbara Mielebning</i>			Mother's Birthplace <i>Balto. Co.</i>		
Name of person giving information <i>J. H. Samuel</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mal-assimilation of Food.</i>	How long	<i>about 3 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ringard M. Whitefort</i>	
<i>Yes</i>		Address <i>Fullerton, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Thomas Edmund Harrison

## CERTIFICATE OF DEATH

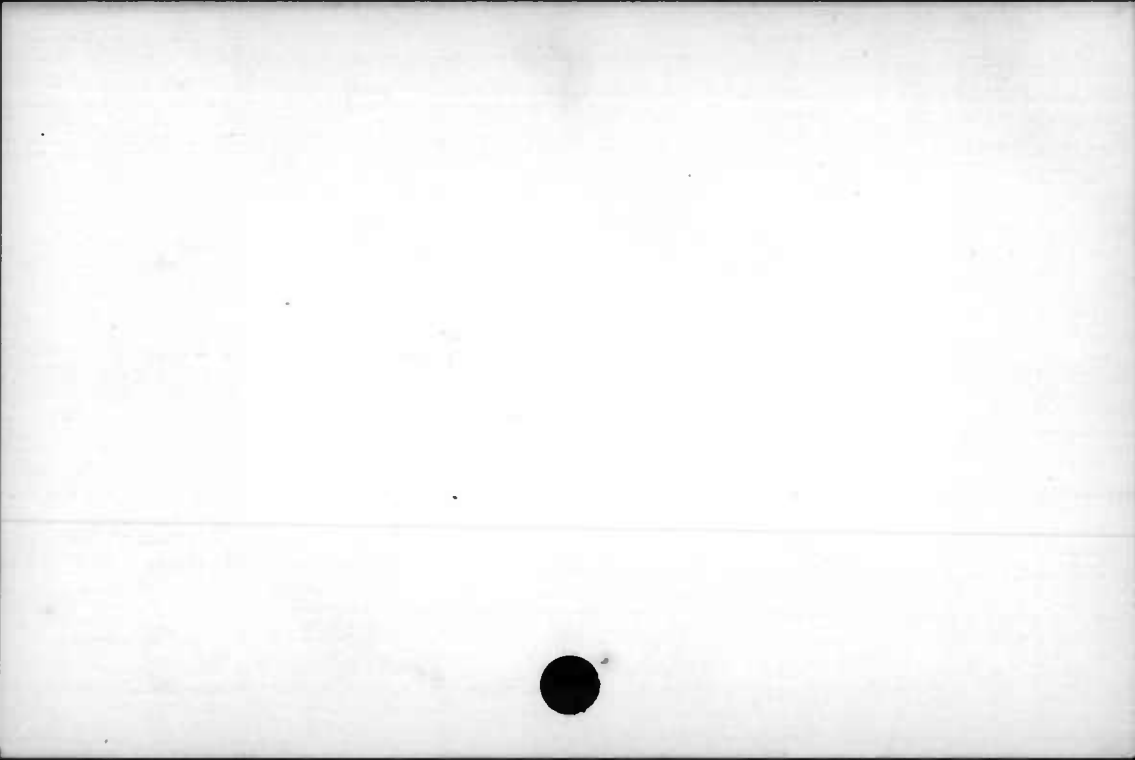
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Vernon</i> Town		<i>Balt.</i> County		MARYLAND		
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>29</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>East of Heights</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Will Harrison</i>		Father's Birthplace <i>East of Heights</i>				
Mother's Maiden Name <i>Josephine Semick</i>		Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Brother</i>		How related to deceased <i>parents</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Flu &amp; Ecolitis</i>	How long	<i>5 days</i>
Immediate	<i>Intestinal spasms</i>	How long	<i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Raymond V. Adams M.D.</i>	
		Address <i>Mt Vernon</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>St. Agnes' Hosp.</i>		County <i>Balto</i>	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>1</i>	Age <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Laura May Helin 674

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Arlington County Balto. **MARYLAND**

Died at Arlington

Date of death 1905 Sept. 8 Day 8 Age 14 Years 9 Months 14 Days

Sex Female Color or Race White Birth-place Arlington

Occupation — Where Residing if not at place of death Arlington

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Isaac M. Helin Father's Birthplace Balto.

Mother's Maiden Name May V. Brown Mother's Birthplace Balto.

Name of person giving information Isaac Helin (105) How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gastritis & Enter Colitis How long 10 days

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. D. Cox, M.D.  
Arlington

Accident or Suicide?

A S Marshall  
3539 Fall Road  
to Poalte Cemetery  
~~Sept 11-55~~



Name in Full		Edmond Charles Henderson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Timonium</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>5</u>	<u>Sep.</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>3</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>17</u> <small>Days</small>	
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Govanstown Md</u>			
	Married, Single or Widowed <u>—</u>			Occupation <u>—</u>			
	Name of Wife or Husband <u>—</u>						
	Father's Name <u>Charles E. Henderson</u>			Father's Birthplace <u>Jamaica</u>			
Mother's Maiden Name <u>Caroline Rees</u>			Mother's Birthplace <u>Jamaica</u>				
Name of person giving information <u>Charles E Henderson</u>			How related to deceased <u>Father</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Chronic Entero Cholitis</u>			How long <u>18 mo</u>			
	Immediate <u>" Anaemia</u>			How long <u>2 mo.</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>H. C. Hees, M.D.</u>			
				Address <u>Sta. H (Govans), Balto. Md.</u>			
	Accident or Suicide? <u>—</u>						

John Burns Son

Bust. Conn.

Guano.

Name In Full		County				CERTIFICATE OF DEATH	
James M Hoffman		Baltimore				MARYLAND	
Died at		Month		Day		Years	
Date of death 190		Sept		2nd		Age 33	
Sex		Male		Color or Race		White	
Occupation		Farm Hand		Where Residing if not at place of death		Md -	
Married, Single or Widowed		Single		Name of Wife or Husband		-	
Father's Name		unknown		Father's Birthplace		unknown	
Mother's Maiden Name		unknown		Mother's Birthplace		unknown	
Name of person giving information		Reeds Mt Hope		How related to deceased		not at all	
CAUSES OF DEATH							
Primary		Chronic Anemia				How long 2 yrs	
Immediate		Tuberculosis				How long 6 months	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. B. Gerson	
Accident or Suicide?		No		Address		Mt Hope Md	



Name  
in  
Full

CERTIFICATE OF DEATH

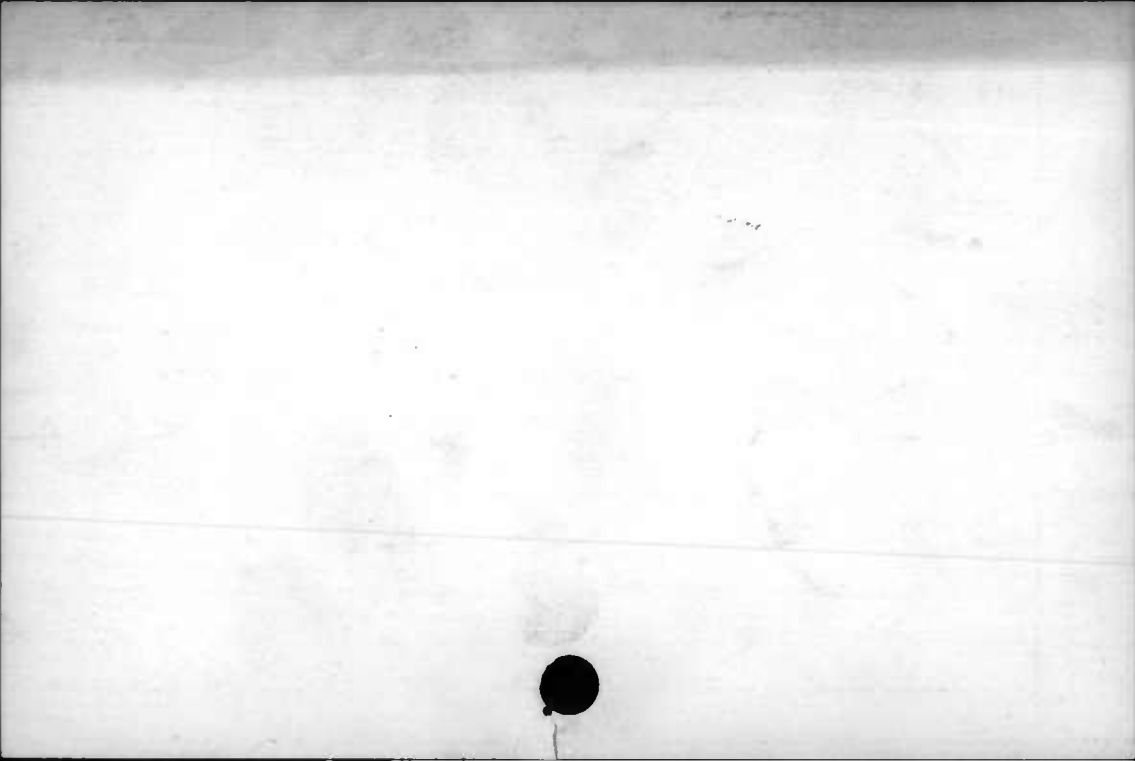
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Benjamin F Holley</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>37</i>		Years <i>23</i>	
Occupation <i>Gas Man</i>		Where Residing if not at place of death <i>239 Mt Leaverton Rd</i>		Birth- place <i>Pa.</i>		Months <i>23</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Katherine Holley</i>		Father's Name <i>E L Holley</i>		Father's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>Amelia Roath</i>		Name of person giving Information <i>Harry B Holley</i>		Mother's Birthplace <i>Pa</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Barbolic Acid</i>	How long	<i>2 Hours</i>
Immediate	<i>Suicide</i>	How long	<i>4</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Fred G Pfeffer</i>	
Address <i>1218 First St Highlandtown</i>		Address <i>Highlandtown</i>	
Accident or Suicide?		<i>suicide</i>	



Name  
in  
Full

Ella Halloway

## CERTIFICATE OF DEATH

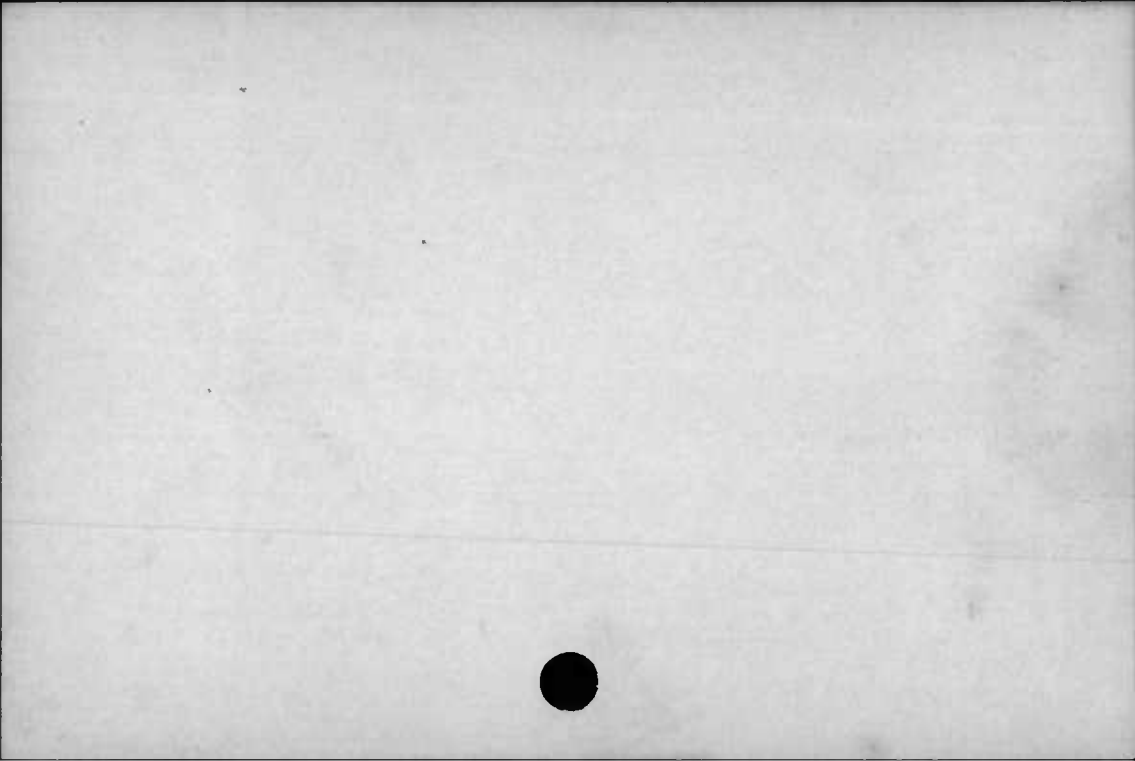
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwyn</i> Town		<i>Beth</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>26</i>	Age <i>20</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert Halloway</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Will Allen</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>William</i>	Address <i>8 Jenkins Corner</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Park Heights Ave. Baltimore</i>		Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>14</i>	Year <i>1905</i>	Months	Days <i>2 1/2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore County</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Carrie Matthews Hopkins</i>				
Father's Name <i>Carrie H. Hopkins</i>	Father's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Carrie M. Matthews</i>	Name of person giving information <i>Matthie Hopkins</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 1/2 days</i>
Immediate <i>Due to difficult birth</i>	How long <i>duration.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilmer Brinton, M.D.</i>
	Address <i>S. W. Cor. Calvert &amp; Preston Baltimore, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Joseph H Howard</i>		Town <i>Hollywood</i>		County <i>Balto Co.</i>		MARYLAND					
Died at <i>Hollywood</i>		Month <i>Sept</i>		Day <i>12</i>		Years <i>29</i>		Months <i>abt</i>		Days	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>12</i>		Years <i>29</i>		Months <i>abt</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>							
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>1218 N. Candeur St</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>John Henry Howard</i>		Father's Birthplace <i>England</i>									
Mother's Maiden Name <i>Katherine Horn</i>		Mother's Birthplace <i>England</i>									
Name of person giving information <i>May A. Howard</i>		How related to deceased <i>Mother &amp; father</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accidental Drowning</i>	How long <i>10 min</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed. J. Hermann</i>
	Address <i>Rossville - Md</i>
Accident or Suicide? <i>Accident</i>	

Lfr. 18th

ON of East 1st + Hudson

Furnish + W of 3rd Central  
Central

Name  
in  
Full

Ella S. Jean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Woodlawn		County Baltimore		MARYLAND	
Date of death	1905	Month Sept	Day 5	Age	52	Years	Months 2
Sex Female		Color or Race White		Birth-place Rockdale Md		Days 3	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John S. George				Father's Birthplace Acil Co Md			
Mother's Maiden Name Mary S. Whittington				Mother's Birthplace A A Co Md			
Name of person giving information J. F. George				How related to deceased brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Uterus & Ovary	How long	1 year
Immediate	Intestinal obstruction	How long	1 week
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. C. Smith	
		Address Woodlawn Sta Md.	
Accident or Suicide? —			

Mt Olive

Geo. B. Cook F D

Name  
in  
Full

Mary K. Jeter -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Highland town* <sup>Town</sup>*Balto* <sup>County</sup>Date of death *1906* <sup>Month</sup> *Sept*Day *6*Age *33* <sup>Years</sup>Months *1*Days *5*Sex *Female*

Color or Race

*white*

Birth-place

*Germany*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Thomas L. Jeter -*Father's  
Name*Martin Kroesple*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*Thomas L Jeter*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*3 years*

Immediate

*Exhaustion*

How long

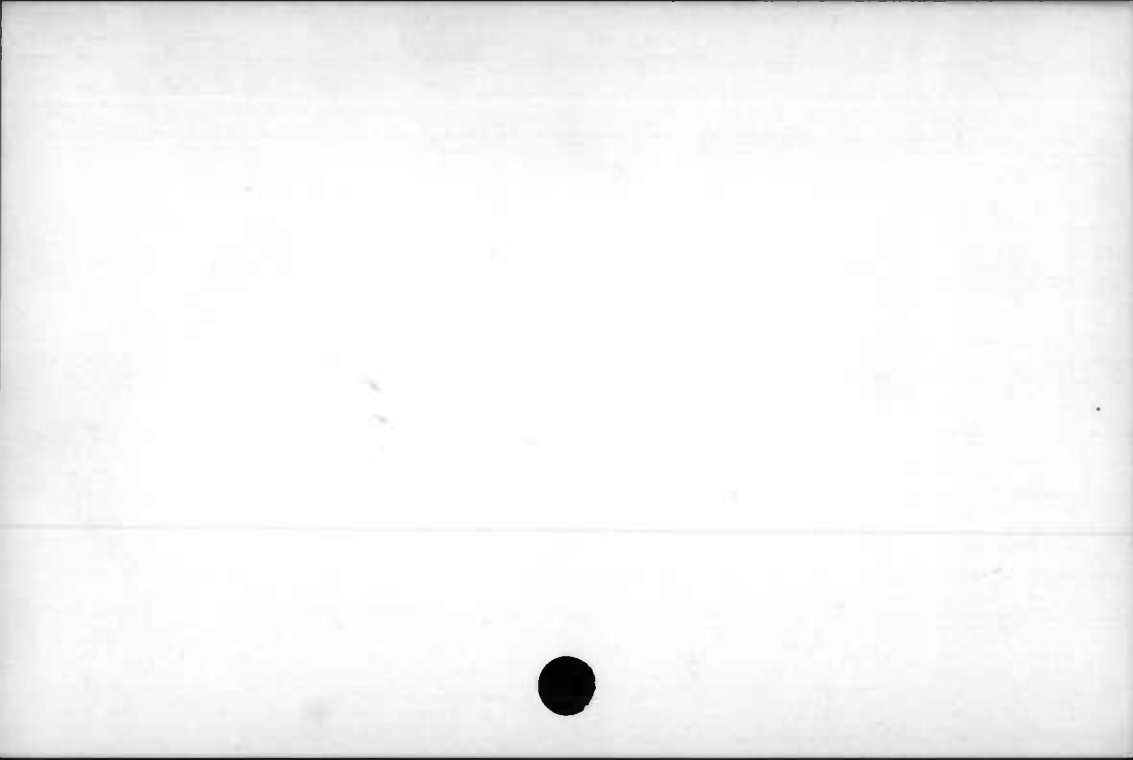
*2 mo*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*C. V. Atney*

Accident or Suicide?

*No*





Name  
in  
Full

Benjamin Eaylor Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Towson Town Bolton County

Date of death 1905 Apr. Month 17 Day 2 Age 2 Years — Months — Days

Sex Male Color or Race Cal Birth-place Wid.

Occupation Infant Where Residing if not at place of death Towson

~~Married, Single~~  
~~or Widowed~~

~~Name of Wife~~  
~~Husband~~

Father's  
NameJeremiah C. JohnsonFather's  
BirthplaceWid.Mother's  
Maiden NameRachel HammondMother's  
BirthplaceWid.Name of person giving  
InformationJeremiah C. JohnsonHow related  
to deceasedfather

## CAUSES OF DEATH

Primary

Double Pneumonia

How long

4 day 0

Immediate

Cardiac Asthma

How long

4 hoursAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

J. Bayston M.D.  
Wid.

Accident or Suicide?

Alexander Hensley

Name  
in  
Full

Emily Viola Johnson.

## CERTIFICATE OF DEATH

Died at *Hellen Road*

Town

*Baltimore*

County

MARYLAND

Date

of death *1905 Sept 18*

Month

Day

Age

Years

Months

Days

*3*

Sex

*Female*Color or  
Race*white*Birth-  
place*Balto. Co*

Occupation

*—*Where Residing if not  
at place of death*Hellen Road*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*J. N. Johnson*Father's  
Birthplace*England*Mother's  
Maiden Name*Martha Anne Letchford*Mother's  
Birthplace*New York*Name of person giving  
Information*J. N. Johnson*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Cholera Infantum*

How long

*10 days*

Immediate

*Exhaustion*

How long

*a few hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E. H. Duncan*

Address

*Foranstown**med*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Burial at  
St. Johns Cemetery  
Elliot City  
Sept 19/905  
William Coop  
undertaker  
North & Greenway

Name  
in  
Full

Ethel Virginia Johnson

## CERTIFICATE OF DEATH

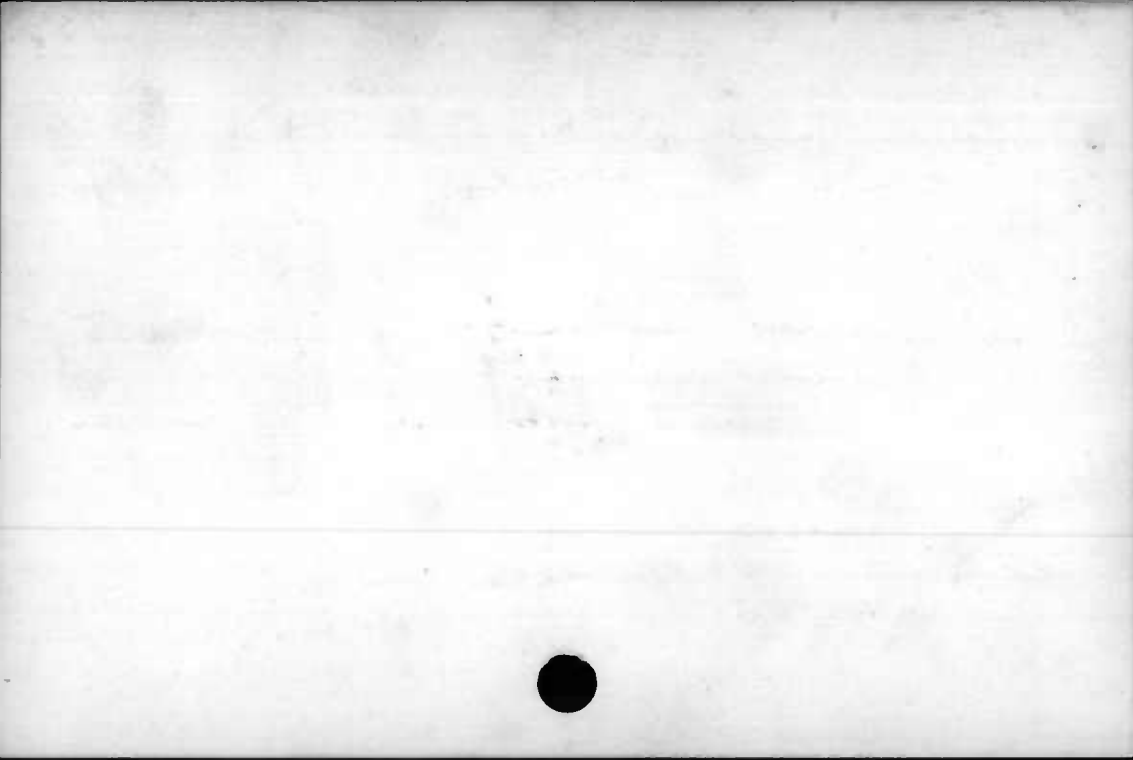
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shuttle Buells</i> <sup>Town</sup>		<i>Polto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>7</i> Years	Months <i>3</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shuttle Buells</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Norris Johnson</i>			Father's Birthplace <i>Callicott City</i>		
Mother's Maiden Name <i>Carrie Welch</i>			Mother's Birthplace <i>Alburtan</i>		
Name of person giving information <i>Norris Johnson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Cancerous</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Stubby</i>	
		Address <i>Colonsville</i>	
Accident or Suicide?		<i>Yes</i>	



Name  
in  
Full

Isaac Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fullerton</u> <sup>Town</sup>		<u>Bald</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>5</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup>	Age	<u>72</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>NC</u>
Married, <del>Single</del> or <del>Widowed</del>		Occupation <u>Farmer</u>			
Name of Wife or Husband		<u>Sarah Johnson</u>			
Father's Name		<u>—</u>		Father's Birthplace	
Mother's Maiden Name		<u>—</u>		Mother's Birthplace	
Name of person giving Information		<u>Howard Johnson</u>		How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral Apoplexy</u>	How long	<u>2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>C. V. Maer</u>
		Address	<u>Roosevelt, Md</u>
Accident or Suicide?		<u>—</u>	

Entomment Dowden  
Chapel Putty Hill  
Geo W. Grammer  
undertaken



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Washington, Baltimore* CountyDate of death *190* *Sept.* *6.* *54* Age *54* Months DaysSex *Male* Color or Race *Colored* Birthplace *Baltimore*Occupation *Driver* Where Residing if not at place of death *Sarabogoth*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James R. Jones* Father's Birthplace *Kent Co Md*Mother's Maiden Name *Julia Robinson* Mother's Birthplace *" "*Name of person giving information *James W. Jones* How related to deceased *Step Brother*

## CAUSES OF DEATH

Primary

*Chronic Bronchitis*

How long

*July 2 05 until*

Immediate

How long

*Sept 5 05*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. H. Cuddy*  
*506 N. Carrollton Ave*

Accident or Suicide?

Laurel Cemetery

Sept 8 05

H. S. Marshall  
3539 Falls Road.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

**Date**

of death

Sex

Occupation

~~Married~~, Single  
~~or Widowed~~

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
In formation

Name of Wife or  
Husband

अमर अमर

des Kalkstein

sublimis

Birth-  
place

Father's Birthplace

Mother's Birthplace

How related  
to deceased

### CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

### Accident or Suicide?

Signature of Physician

Address

How long	How long
----------	----------

How long

LIBRARY BUREAU A88816

Theodore White  
Evergreen Cism

Name  
in  
Full

## CERTIFICATE OF DEATH

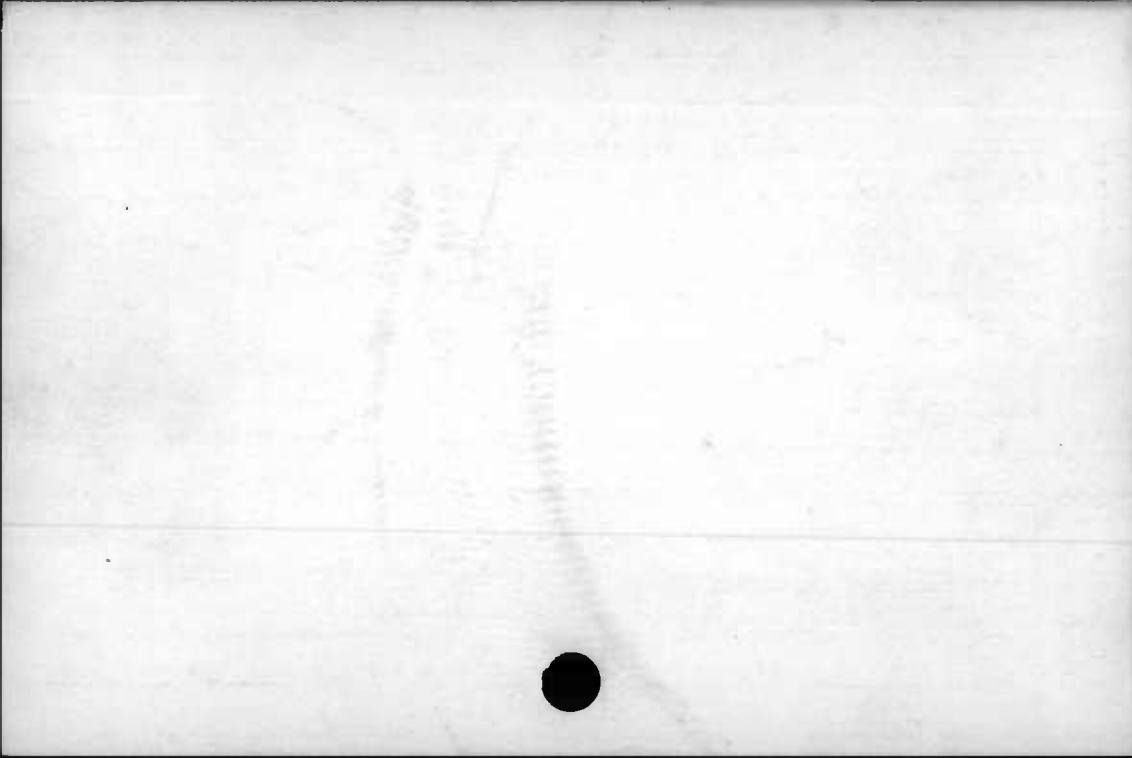
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>town</sup>		<i>Balto.</i> <sup>city</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept.</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>252 Lombard Street</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry J. Kainer</i>	Father's Birthplace <i>Balto.</i>				
Mother's Maiden Name <i>Gertrude Johnson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Gertrude Kainer</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>10 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Robertson</i>
	Address <i>2129 E. Baltimore St.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Joseph Kalbfleisch				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Canton	County Balto.		MARYLAND	
		Date of death		1905	Month Sept	Day 24 <sup>th</sup>	Age	Years
						Months	18 Hours	
		Sex		Male		Color or Race	White	Birth-place
		Occupation				Where Residing if not at place of death		Balto Co.
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Joseph Kalbfleisch				Father's Birthplace	Balto Co.	
Mother's Maiden Name		Mary Rodert				Mother's Birthplace	Balto. Md.	
Name of person giving information		Joseph Kalbfleisch				How related to deceased	Father.	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						

Germanus France  
Holy Redeemer Cem.  
Sept. 25. 1905



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single  
or WidowedFather's  
NameMother's  
Maiden NameName of person giving  
InformationEdward J. Kelly  
Int Hope Retreat

County

Baltimore

MARYLAND

Months

Days

Age 36

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of deathName of Wife or  
HusbandFather's  
BirthplaceMother's  
BirthplaceHow related  
to deceased

## CAUSES OF DEATH

Primary

Mania Paresis -

How long

40-5 mo.

Immediate

Exhaustion

How long

6 wks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

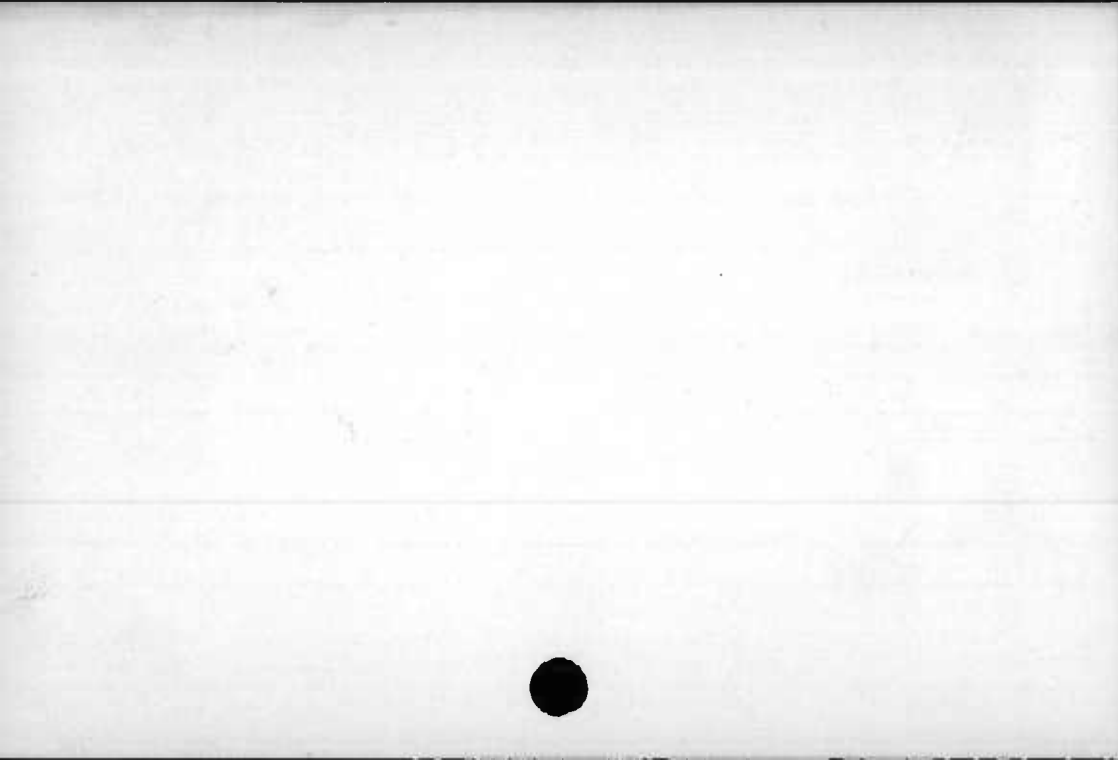
Address

C. B. Euser  
Int Hope

Int

Accident or Suicide?

No.



Name  
in  
Full

Frederick Sirt

## CERTIFICATE OF DEATH

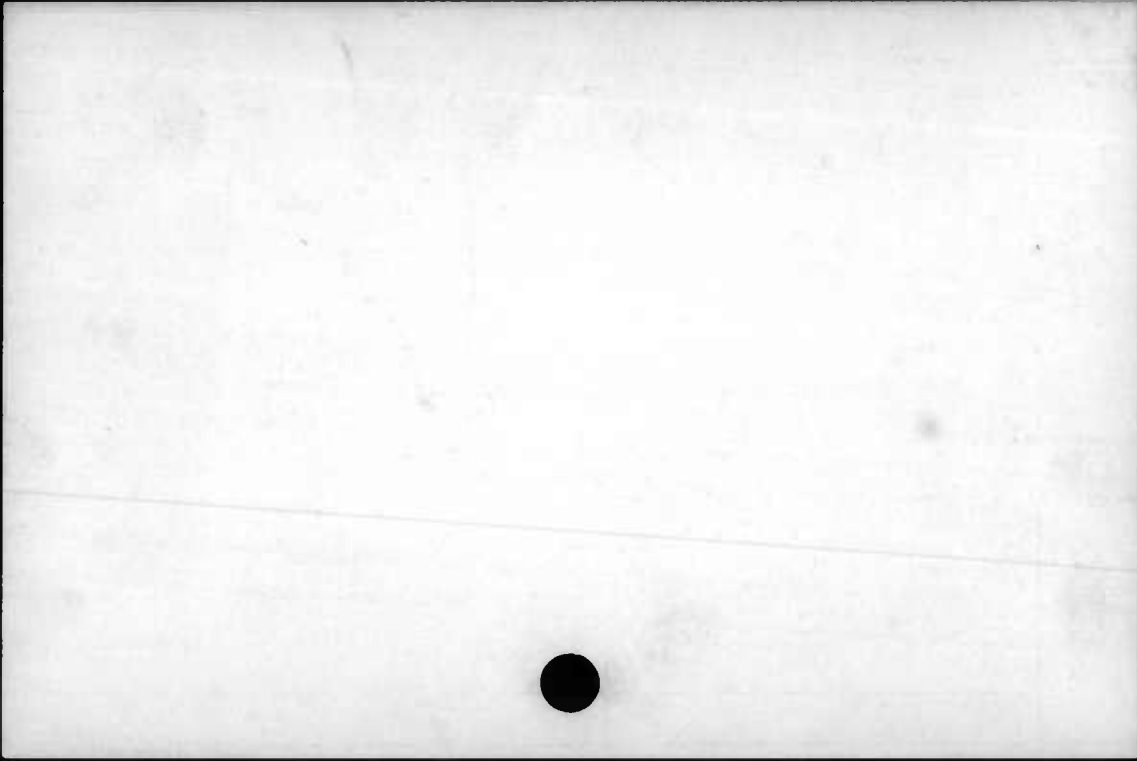
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Roxbury		County Baltimore		MARYLAND	
Date of death 190	5	Month Sept	Day 21	Age 69	Years	Months 8	Days 6
Sex Male		Color or Race White		Birth- place Germany			
Married, Single or Widowed		Married		Occupation Box maker			
Name of Wife or Husband				Margaret Sirt			
Father's Name				Bernhardt Sirt		Father's Birthplace Germany	
Mother's Maiden Name				Margaret Sirt		Mother's Birthplace Germany	
Name of person giving In formation				Margaret Sirt		How related to deceased Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Endocarditis	How long	3 years
Immediate	Pulmonary engorgement	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Joseph B. Webster M.D.	
Address		Roxbury	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

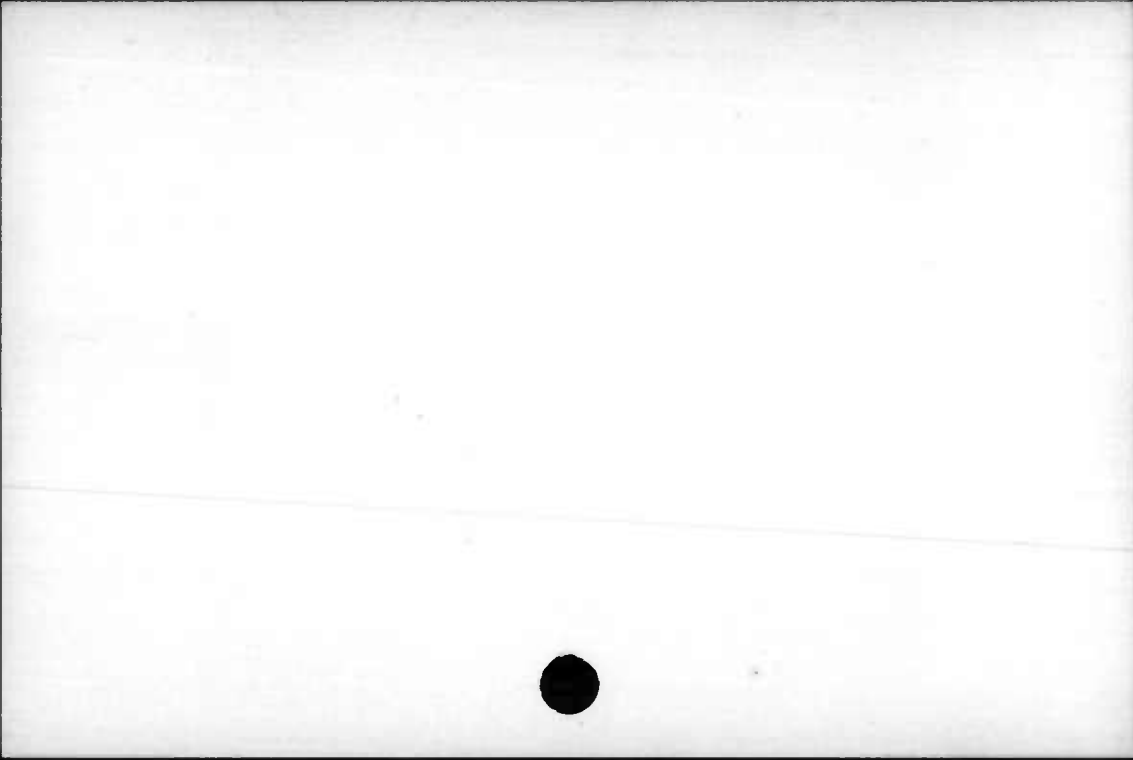
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County		MARYLAND			
Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>15</i>		Age <i>42</i>		Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. O'Mara M.D.</i>
	Address <i>St. Agnes Hospital -</i>
Accident or Suicide?	



Name  
in  
Full

Michael R. Leonard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Dulanys Valley* Town *Bullo.* County

Date of death *1905* *Apr.* Month *3* Day *66.* Age Months Days

Sex *Male* Color or Race *White* Birth-place *Europe*

Occupation *Contractor* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Ellen Kelly*

Father's Name *Unknown* Father's Birthplace *Europe*

Mother's Maiden Name *Mary Farrell* Mother's Birthplace *Europe*

Name of person giving information *Mrs Leonard* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hepatitis, Cystitis - Proctitis-Enteritis* How long *2 weeks*

Immediate *Cardiac Asthma* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Boynton Dunn M.D.*

Address *Lawson Md.*

Accident or Suicide?

Alfred Brown & Co  
Solely Agents  
for the  
East India  
and



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George W. Lucas

Died at *Mt Hope Rmnd* *Balto* County

State *MARYLAND*

Date of death *1905* Month *Sept* Day *11<sup>th</sup>* Age *5-7* Months *unknown* Days *unknown*

Sex *Male* Color or Race *White* Birth place *America-*

Occupation *Tailor* Where Residing if not at place of death *Washington -*

Married, Single or Widowed *Married* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *11* Mother's Birthplace *11*

Name of person giving information *Reed, Mt Hope Rmnd* How related deceased *NOT at all*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

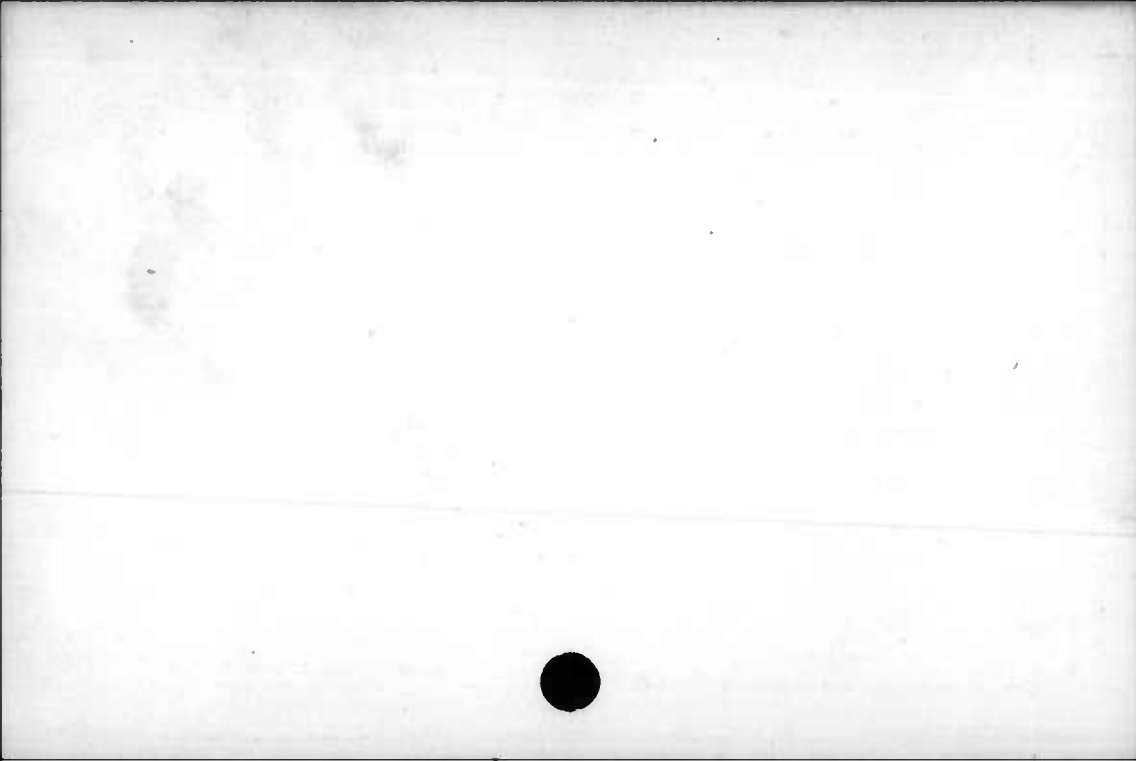
Primary *Acute Chronic* How long *3 or 4 yrs*

Immediate *Ex-Gastro-Enteria 20 years* How long *30 or 40 yrs -*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery*

Address *Mt Hope Rmnd*

Accident or Suicide? *—* *Mt Hope Md -*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Highland* <sup>County</sup> *Baltimore*Date of death 1905 <sup>Month</sup> *9* <sup>Day</sup> *17* <sup>Years</sup> *21* <sup>Months</sup> *5* <sup>Days</sup> *17*Sex *Female* Color or Race *White* Birth-place *Pennsylvania*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Henry McCall* Father's Birthplace *Scotland*Mother's Maiden Name *Jane Hay* Mother's Birthplace *Scotland*Name of person giving information *Henry McCall* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Laryngeal & Pulm Phthisis* How long *Over her*Immediate *Exhaustion* How long *3 times only*Are the name, age, sex, color, date and place correctly given above? *Yes*

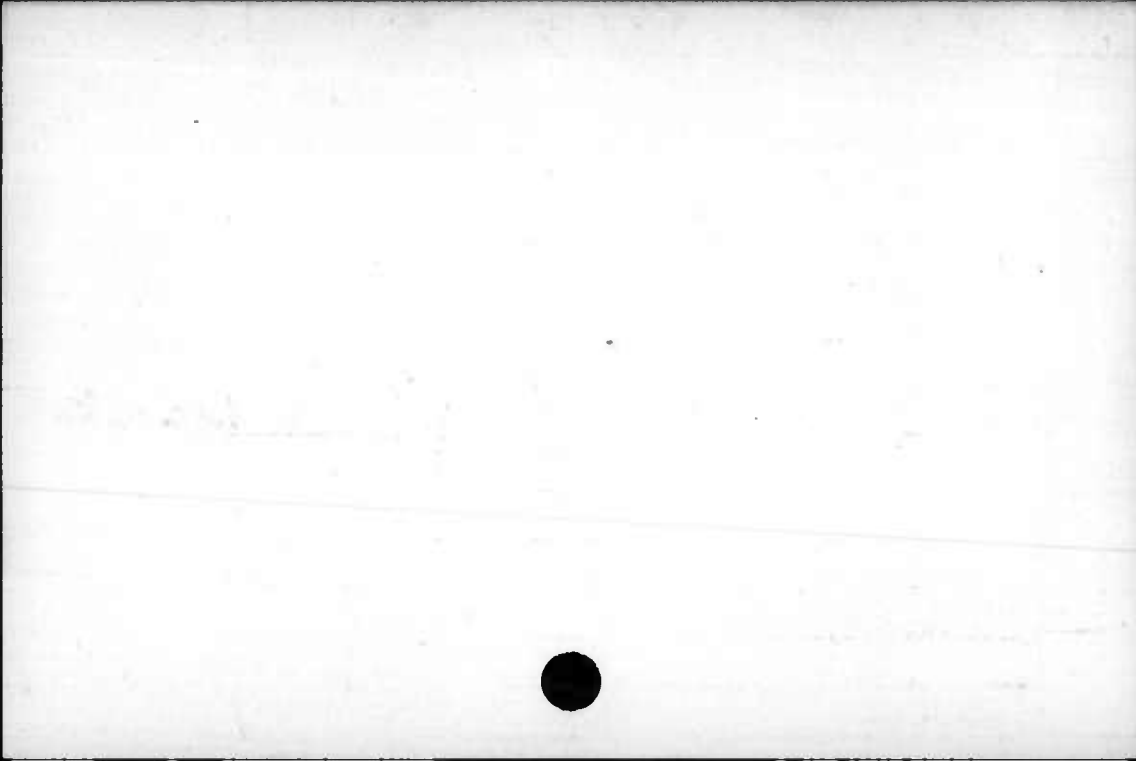
Signature of Physician

Address

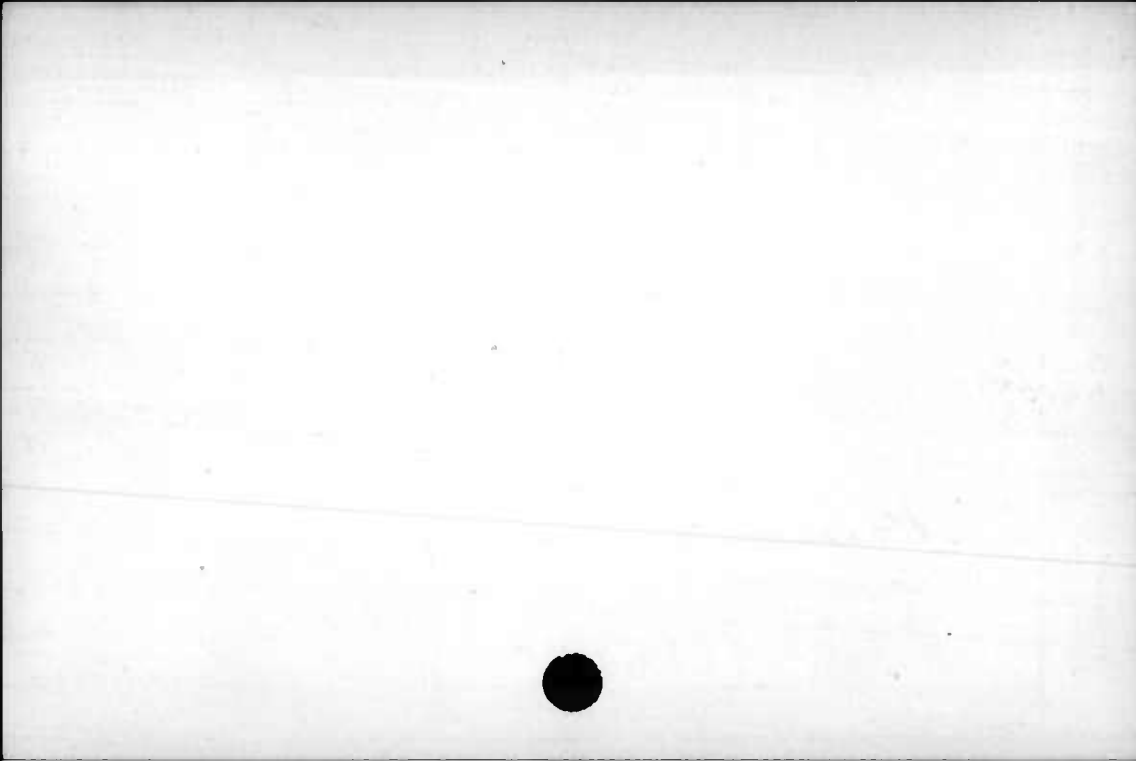
*Robert W. Miffhins*  
*1016 Madison Ave*Accident or Suicide? *no*

Oak Savon Lem.  
H. Sander & Son

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Date of death		Month	Day	Years
	Sex		Color or Race	Birth-place	Months
	Occupation		Where Residing if not at place of death		Days
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Accident or Suicide?		Address		



Name in Full		Sue Ball McCarthy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mt Hope Retreat		Baltimore		County
	Date of death		1905	Sept	7th	Age 68	Months
	Sex		Female		Color or Race		White
	Occupation		Teacher		Where Residing if not at place of death		Va -
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Unknown		Father's Birthplace		Unknown
	Mother's Maiden Name		"		Mother's Birthplace		"
Name of person giving information		Reeds Mt Hope		How related to deceased		<del>Not related</del> not at all	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Melancholia followed by Dementia			How long	
	Immediate		Ex. R. Hemiplegia			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			abt month-	
	Signature of Physician		Frank J. Flannery M.D.			Address	
Address		Mt Hope Retreat					
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John McCauliffe

Town

County

Died at

Date

of death

1905

Month

Sept.

Day

8<sup>th</sup>

Years

Age 42

Months

Days

MARYLAND

Sex

Male

Color or  
Race

white

Birth-  
place

Occupation

Laborer

Where Residing if not  
at place of death

Sparrows Point

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Cornelius McCauliffe

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Elizabeth Collins

Mother's  
Birthplace

Ireland

Name of person giving  
In formation

Thos. McCauliffe

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Chronic Alcoholism

How long

Several years

Immediate

Cerebral Congestion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

G. B. McCormick M.D.

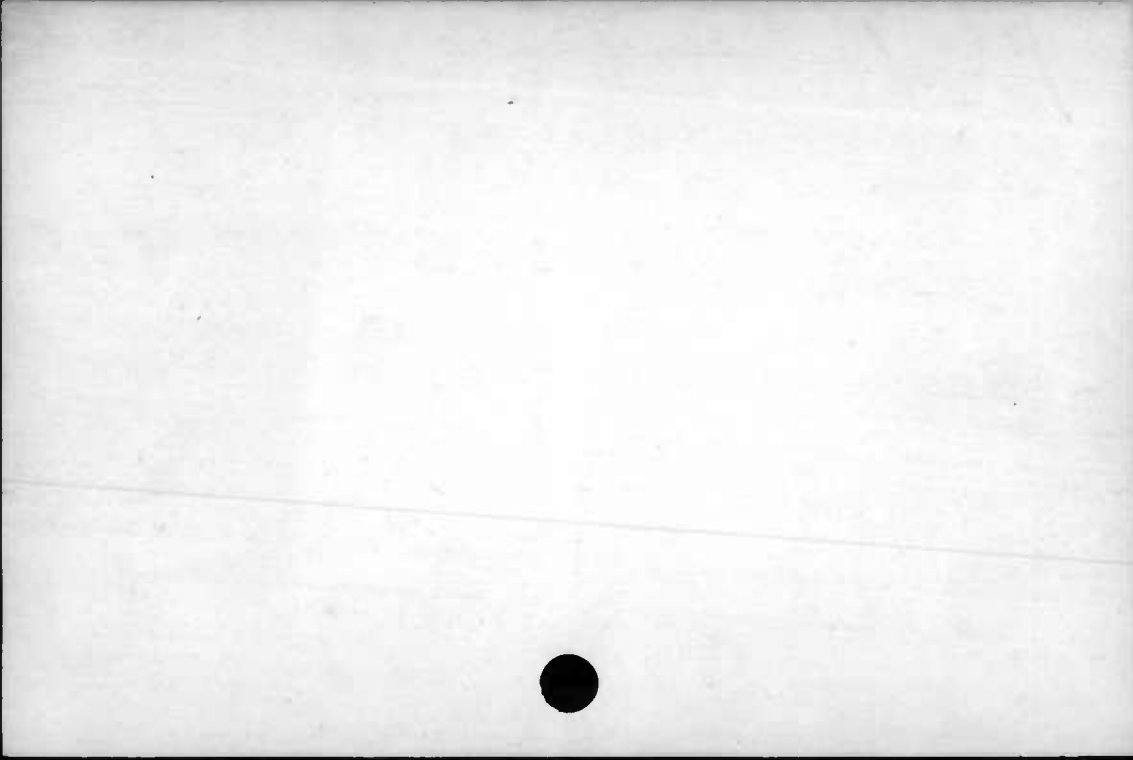
Address

Sparrows Point  
Md.

Accident or Suicide?

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florence Francis McFadden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Walkers*

Town

County *Baltimore*Date  
of death *1905*Month *9*Day *3*

Age

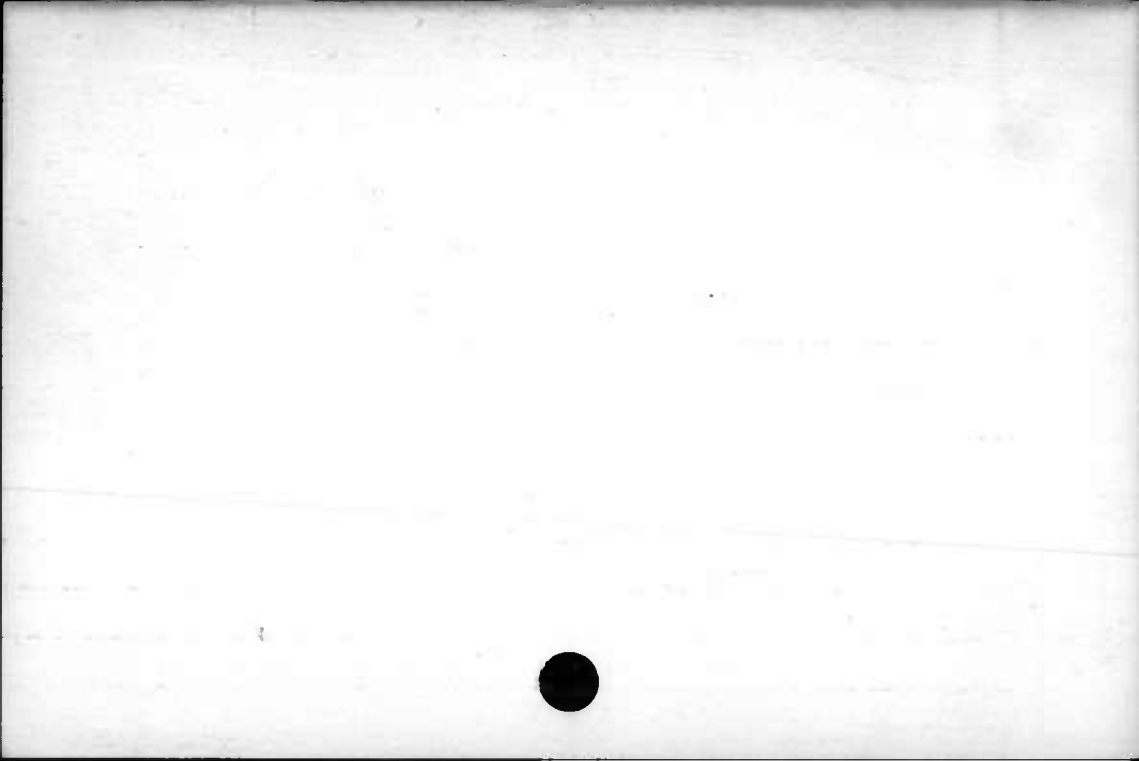
Years *1*Months *6*Days *17*Sex *Female*Color or  
Race *White*Birth-  
place *Baltimore County*

Occupation

Where Residing if not  
at place of death *428 Turner Place Balts Md.*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Frank E. McFadden*Father's  
Birthplace *Maryland*Mother's  
Maiden Name *Alice C. Gilmony*Mother's  
Birthplace *Maryland*Name of person giving  
In formation *Frank E. McFadden*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Marasmus*How long *1 year*Immediate *Cerebrospinal meningitis*How long *6 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *E. W. H. H. H. H.*Address *Parkton*Accident or Suicide? *No*



Name  
in  
Full

Elizabeth McManally

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Baltimore*

<sup>County</sup> *Baltimore*

Date of death <sup>Month</sup> *Sept* <sup>Day</sup> *8*

<sup>Years</sup> *69*

Months

Days

Sex *Female*

Color or Race *white*

Birth-place *Ireland*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *widowed*

Name of Wife or Husband

*Arthur McManally*

Father's Name *James Robt*

Father's Birthplace *Irishman*

Mother's Maiden Name *Sallie Robinson*

Mother's Birthplace *"*

Name of person giving information *Fannie McManally*

How related to deceased *Daughter-in-law*

CAUSES OF DEATH

Primary *Gastric Irritation*

How long *about 6 days*

Immediate *Heart Failure*

How long

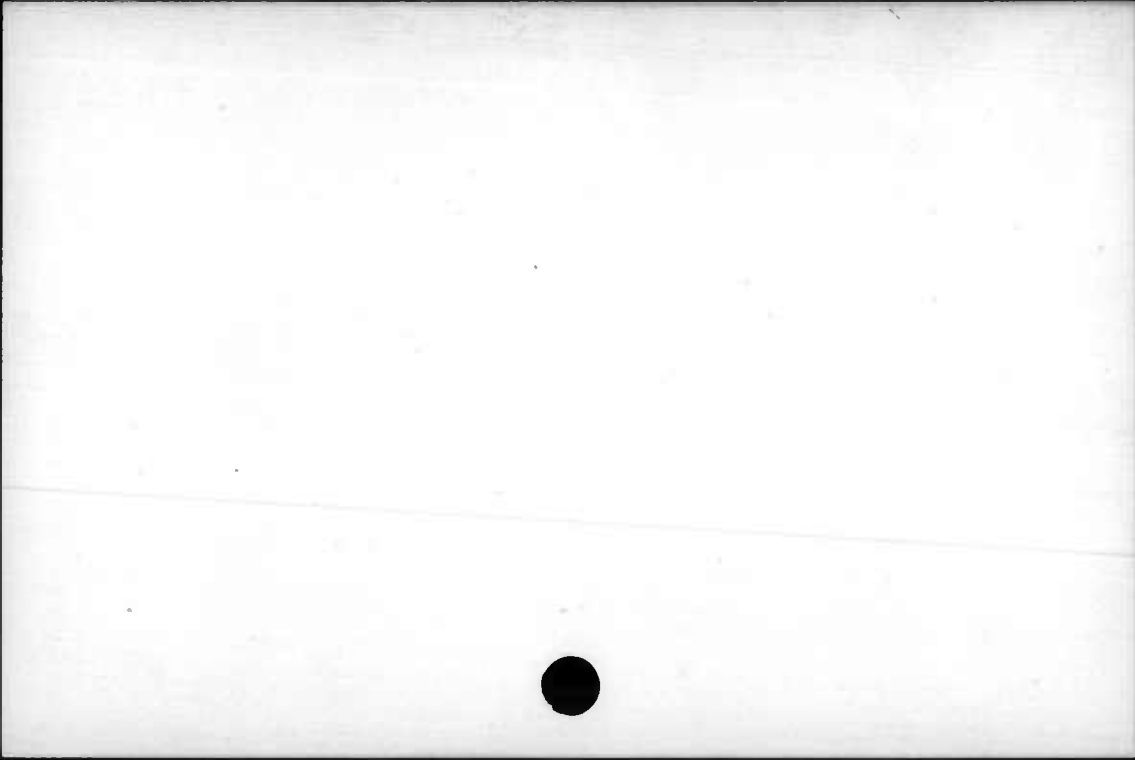
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

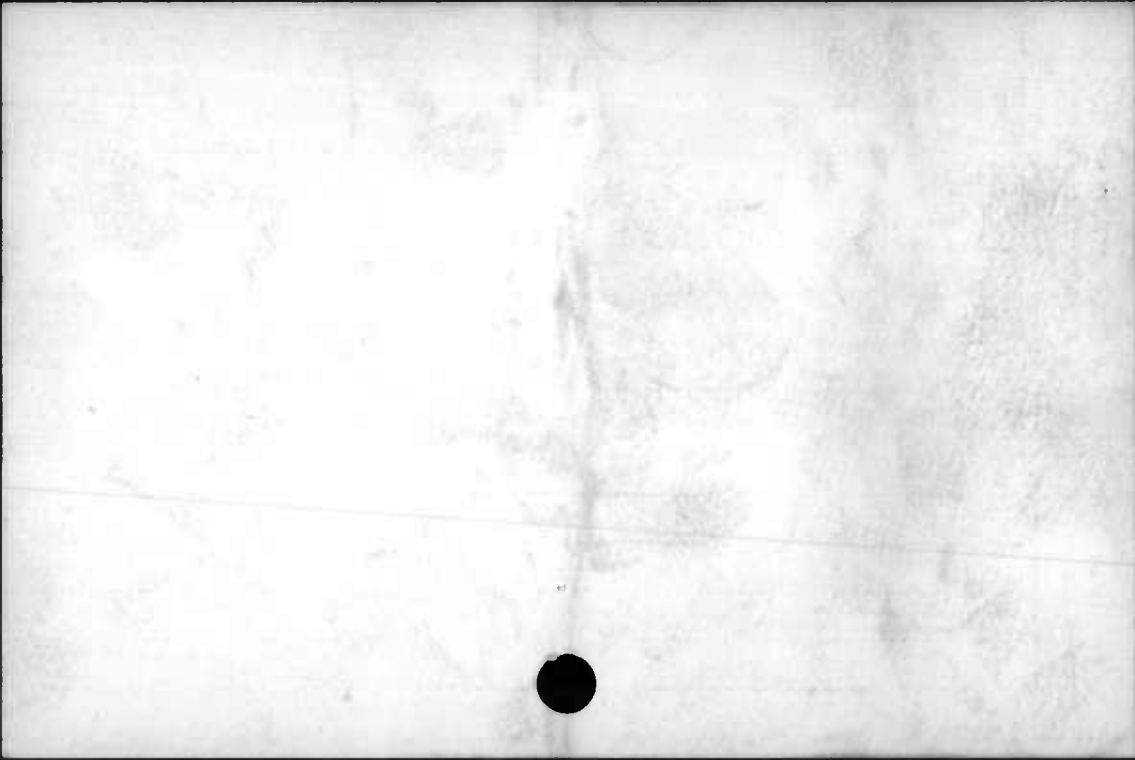
Address

*J. W. White*  
*Blyndon*  
*Ind.*

Accident or Suicide?



Name in Full <b>Thomas S. McNeave</b>		CERTIFICATE OF DEATH	
Died at <b>Town</b> <b>Int Washington</b>		County <b>Balt.</b>	
Date of death 190 <b>5</b>		Month <b>9</b>	Day <b>25</b>
Age <b>one</b>		Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Ind.</b>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <b>Jos. McNeave</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Agnes Ruff</b>		Mother's Birthplace <b>Ind</b>	
Name of person giving information <b>Jos McNeave</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary <b>Marasmus</b>		How long <b>Three months</b>	
Immediate <b>Exhaustion</b>		How long <b>48 hrs</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>C. H. Beeton M.D.</b>	
		Address <b>Int Washington</b>	
Accident or Suicide?		<b>Ind</b>	





Name  
in  
Full

## CERTIFICATE OF DEATH

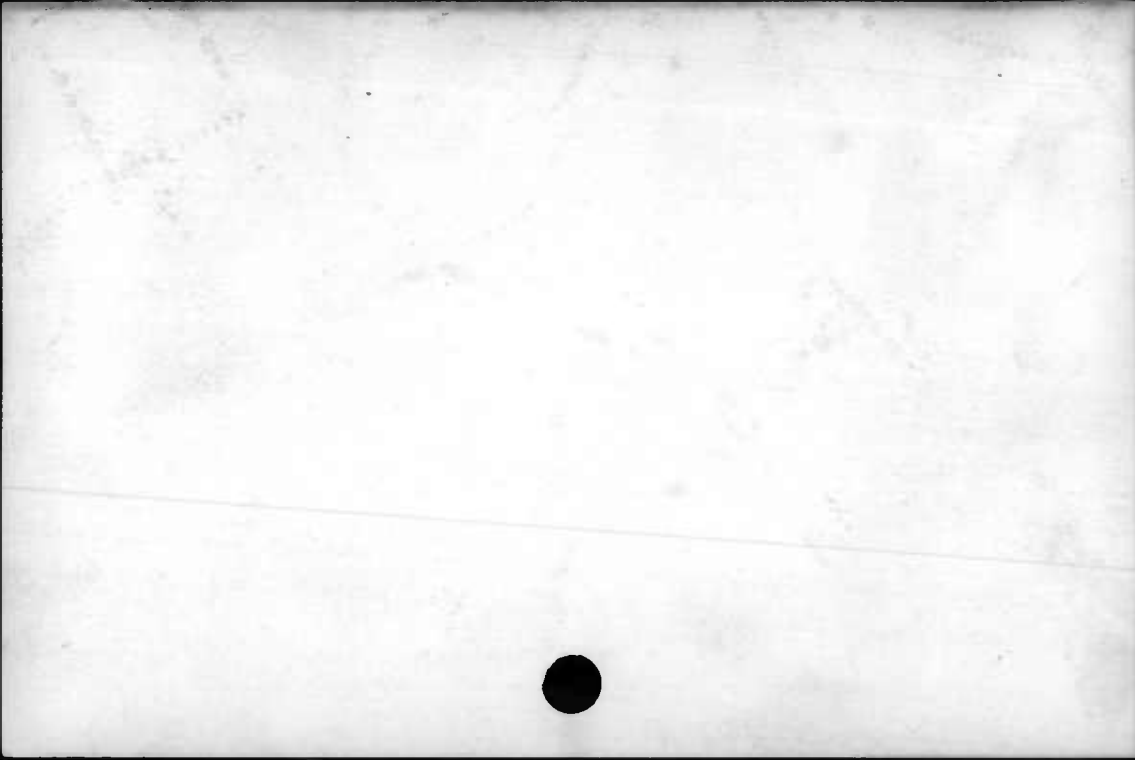
TO BE ANSWERED BY  
NEAREST FRIEND

Patrick Maguire		County		MARYLAND	
Died at <i>Washington</i>		Town		County	
Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>19</i>	
Age <i>68</i>		Years		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>	
Occupation <i>laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Macintyre Maguire</i>			
Father's Name <i>I do not know</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>I do not know</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mamie Maguire</i>		How related to deceased <i>daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hypertrophy of heart. Atheroma</i>	How long <i>4 years</i>
Immediate <i>Asthma</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William J. Todd</i>
	Address <i>Washington</i>
Accident or Suicide?	<i>Ala</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Francis A Manner

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Prossville <sup>Town</sup> Pa <sup>County</sup> Pa <sup>MARYLAND</sup>

Date of death 1905 <sup>Month</sup> Sept <sup>Day</sup> 21 <sup>Age</sup> ~~38~~ <sup>Years</sup> 2 <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Entertainment St Joseph

Cemetery

Belair Road

Geo W. Grammer

undertaker

Name  
in  
Full

Edith Elizabeth Marriott

CERTIFICATE OF DEATH.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hoodlawn</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Sept	Day	18
Age		Years		Months	5
Sex	Female	Color or Race	White	Birth-place	Hoodlawn
Occupation			Where Residing if not at place of death		
Married, Single <del>or Widowed</del>			Name of Wife or Husband		
Father's Name			Halter H Marriott		
Father's Birthplace			Balt Co Md		
Mother's Maiden Name			Agnes Maud Childs		
Mother's Birthplace			Balt Co Md		
Name of person giving information			Halter H Marriott		
How related to deceased			Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Leukemia + Diarrhea</u>	How long	<u>2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>D. E. Miles Wheeler</u>	
Address		<u>2129 N North Ave.</u> <u>Baltimore, Md.</u>	
Accident or Suicide?			

Mt Olive  
Jos B. Cook

Name  
in  
Full<sup>00</sup> Edmund A Memmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Rossville<sup>County</sup> Bacon

MARYLAND

Date of death 1900 <sup>Month</sup> Sept<sup>Day</sup> 9Age <sup>Years</sup> —<sup>Months</sup> 1<sup>Days</sup> 15

Sex male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Henry Memmer

Father's  
Birthplace

Md

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Henry

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pertussis

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

C. G. Mace  
Rossville

Accident or Suicide?

Interments St Josephs Cemetery  
Belair road.

Geo W Grammer  
Undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

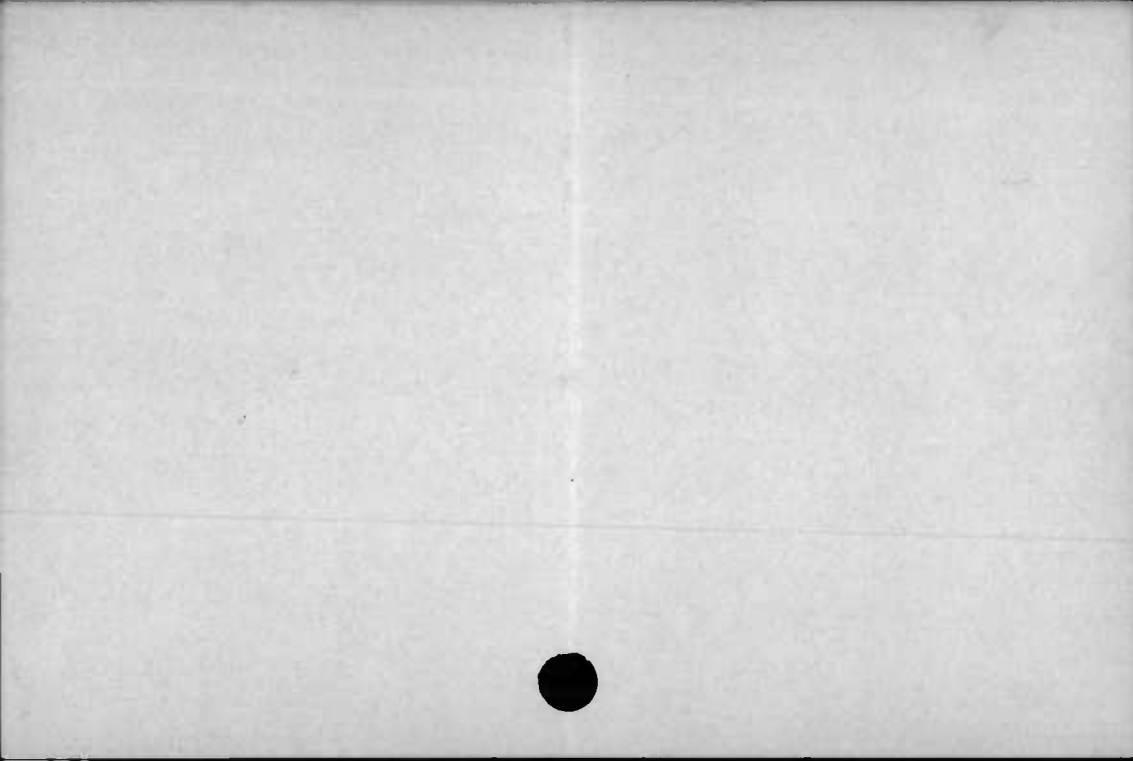
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow Point</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>3d</i>	Age <i>Stillborn</i>	Years <i>Infant</i>	Months <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sparrow Point</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>" "</i>				
Married, Single <i>—</i> or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>August Miller</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Caroline Schlaile</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>August Miller</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stillborn</i>	How long <i>S.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. McCormick, M.D.</i>
	Address <i>Sparrow Point Md.</i>
Accident or Suicide? <i>no.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs. Eliza Miller

Died at *Louren* Town

County

*Balts.*

MARYLAND

Date

of death *1905*

Month

*July*

Day

*3*

Age

Years

*83*

Months

Days

Sex

*female*Color or  
Race*White*Birth-  
place*Pa.*

Occupation

*-*Where Residing if not  
at place of death*Louren*~~Married~~

Widowed

~~Married~~

Wife of

*W. James Miller*Father's  
Name*David Longmire*Father's  
Birthplace*Pa*Mother's  
Maiden Name*Catherine Stoner*Mother's  
Birthplace*Pa*Name of person giving  
information*Miss Elizabeth Longmire*How related  
to deceased*Niece*

## CAUSES OF DEATH

Primary

*Mammary Carcinoma*

How long

*5 yrs*

Immediate

*Cardiac Asthenia*

How long

*30 minutes*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. Payson Green M.D.  
Louren Md.*

Accident or Suicide?

John Burris Soux

Presb. Conn.

Name  
in  
Full

Lewis Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Sheppard Enoch Pratt Hospital, <sup>County</sup> Balto. Co.

MARYLAND

Date of death 1905 <sup>Month</sup> Sept. <sup>Day</sup> - 3 - <sup>Years</sup> Age 34 <sup>Months</sup> 7 <sup>Days</sup> 19

Sex male Color or Race white Birth-place Russia

Occupation Manufacturer of Carbonated water Where Residing if not at place of death 122 Aisquith St. Balto. Md.

Married, Single or Widowed Married Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary Organic Brain Disease How long several months

Immediate Exhaustion How long 2 weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Charles M. Franklin  
Address Sheppard Enoch Pratt Hosp'l.  
Lowson, Md.

Accident or Suicide? No.

PHYSICIAN  
OR CORONER

Jacob Ahrens & Co.

Fells Point Cemetery

Name in Full		Margaret Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mount Winans		County Baltimore		MARYLAND	
	Date of death	1905	Month Sept	Day 29 <sup>th</sup>	Age 40	Years	Months Days
	Sex	Female		Color or Race	White American		Birth-place New York
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband August Miller			
PHYSICIAN OR CORONER	Father's Name	John D Larkin				Father's Birthplace	Ireland
	Mother's Maiden Name	Ann Larkin				Mother's Birthplace	Ireland
	Name of person giving information	August Miller				How related to deceased	Husband
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Change of liver				How long	60
	Immediate	Cerebro-spinal trouble				How long	9 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician [Signature]		
	Accident or Suicide?		Address 721 Columbia Ave.				

New Cathedral



Name  
in  
Full

Katie Agnes Maginhan

CERTIFICATE OF DEATH

Died at

St. Helena

Town

Baltimore

County

MARYLAND

Date

of death 1905

Month

9

Day

14

Age

Years

1

Months

4

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

St. Helena, Md.

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

James Maginhan

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Margaret Miller

Mother's  
Birthplace

Germany

Name of person giving  
In formation

James Maginhan

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 weeks

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

T. C. McCormick, M.D.

Address

Sparrows Point

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Carroll J. Munnua

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Brooklandsville* <sup>Town</sup> *Balto.* <sup>County</sup> **MARYLAND**

Date of death *1905* <sup>Month</sup> *Apr* <sup>Day</sup> *12* Age <sup>Years</sup> *20* <sup>Months</sup> *1* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Laundryman* Where Residing if not at place of death *Brooklandsville*

~~Married~~ Single ☒ Name of wife or ~~Husband~~

Father's Name *Geo. W. Munnua* Father's Birthplace *Md.*

Mother's Maiden Name *Josephine S. Patch* Mother's Birthplace *Md.*

Name of person giving information *Geo. W. Munnua* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *15 days*

Immediate *intestinal perforation + Peritonitis* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Gayles Green M.D.*

Address *Lowson Md.*

*Accident or Suicide?*

Slade Bros <sup>and</sup> Co,

Wilson Church  
Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

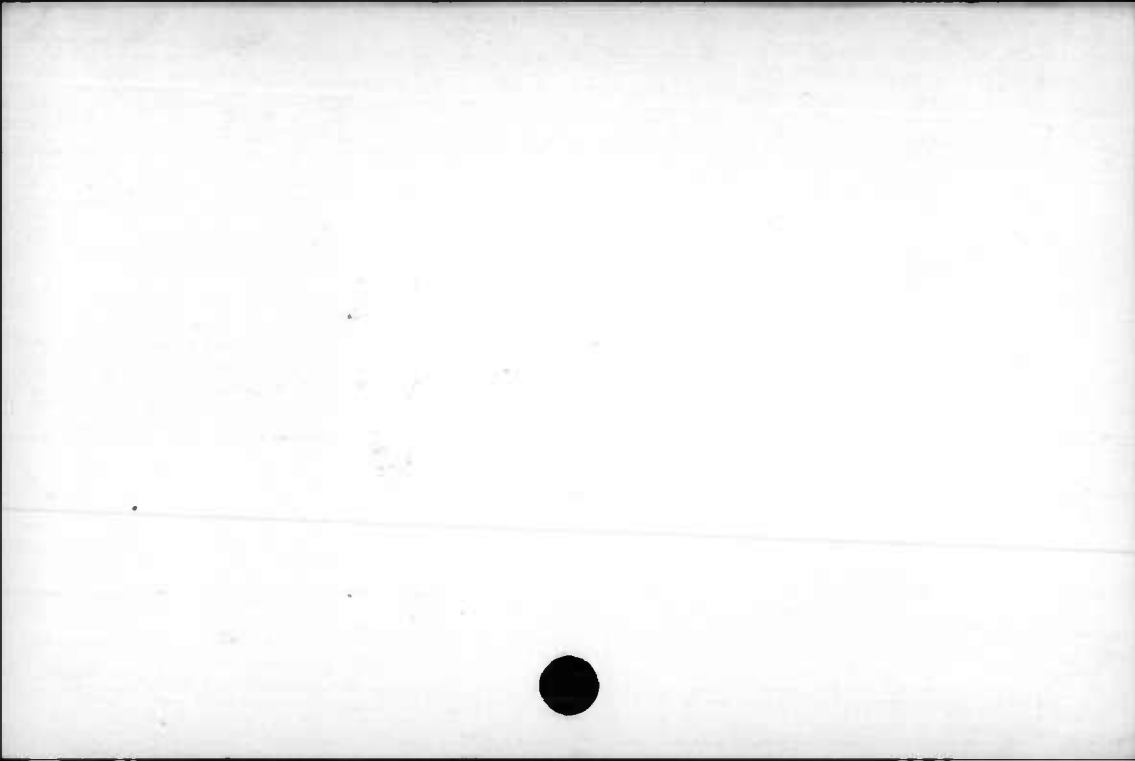
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary J. Nealis</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MAYLAND	
Died at		Month <i>Sept.</i>		Day <i>3</i>		Years <i>35</i>	
Date of death <i>1905</i>		Age <i>35</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Mura M.D.</i>
		Address <i>St. Agnes' Hospital</i>
Accident or Suicide?		



Name  
in  
Full

*Bridget Medham*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Govanstown* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1905* <sup>Month</sup> *Sept* <sup>Day</sup> *26* <sup>Years</sup> *56* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *—* Where Residing if not at place of death *—*

*Single* <sup>Single</sup> *Single* <sup>Name of wife or Husband</sup> *none*

Father's Name *Martin Medham* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Muldoon* Mother's Birthplace *Ireland*

Name of person giving information *Joseph Wolf* How related to deceased *Brother-in-law*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Obstruction of bowels* How long *For past 7 days*

Immediate *as above* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John A. Haines*

Address *101 N. Carey St.*

Accident or Suicide? *—*

Geo Schilling  
19 W 600 Augsburg St. Hermann

New Cathedral  
Thursday



Name  
in  
Full

## CERTIFICATE OF DEATH

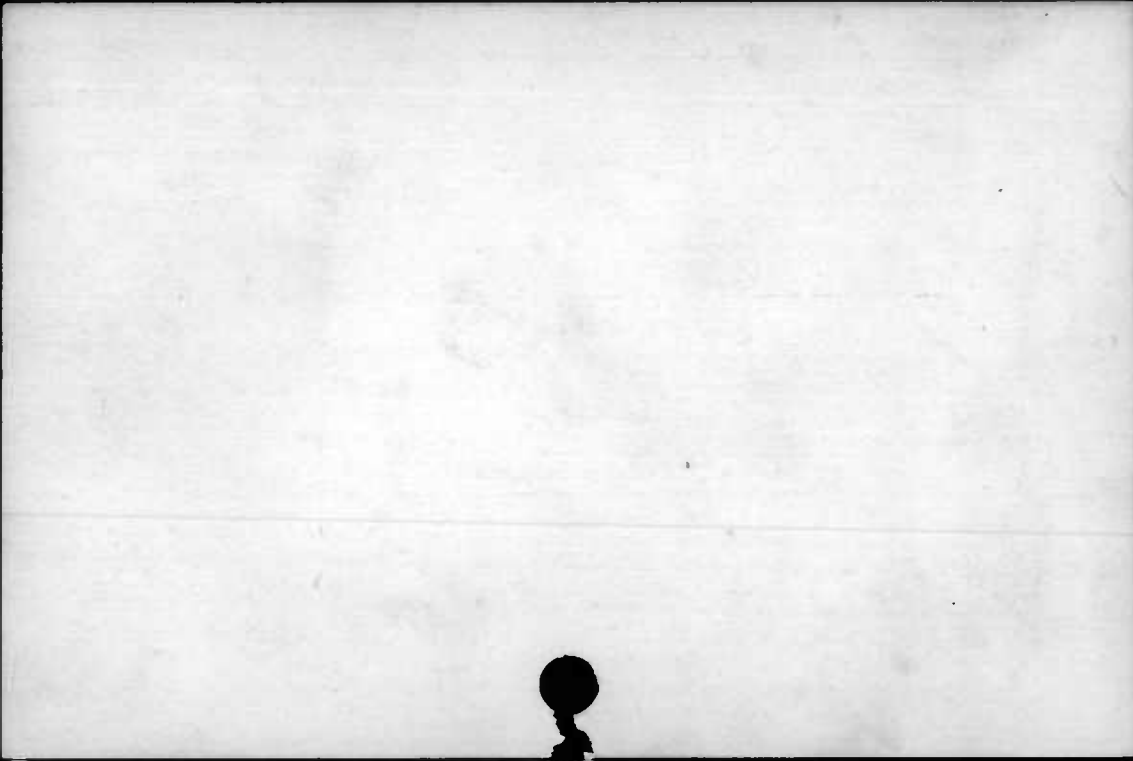
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Pleasant Hill</b>		Town <b>Hill</b>		County <b>Baltimore</b>		MARYLAND							
Date of death <b>1905</b>		Month <b>Sept</b>		Day <b>25</b>		Age <b>66</b>		Years <b>7</b>		Months		Days	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Pa.</b>									
Occupation <b>House Wife</b>				Where Residing if not at place of death <b>Pleasant Hill</b>									
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Henry H. Nelson</b>											
Father's Name <b>Benjamin Kendig</b>		Father's Birthplace <b>Pa</b>											
Mother's Maiden Name <b>Anna Rhore</b>		Mother's Birthplace <b>Md</b>											
Name of person giving information <b>Grace Nelson</b>		How related to deceased <b>Daughter</b>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Asthma</b>	How long <b>20 years</b>
Immediate <b>Tuberculosis</b>	How long <b>5 years</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. H. Campbell</b>
	Address <b>Cummins Mills Md</b>
Accident or Suicide?	



Name  
in  
Full

Mrs. Mary G. O'Brien

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>Sept</i>	Day <i>28</i>	Age <i>28</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>				
Occupation				Where Residing if not at place of death <i>635 N. Calvert</i>			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> or Husband <i>Harry O'Brien</i>					
Father's Name <i>Michael Martin</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Pauline Brick</i>				Mother's Birthplace <i>W.C.</i>			
Name of person giving information <i>Harry O'Brien</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ch. Parenchymatous Nephritis</i>	How long	<i>(120)</i>
Immediate	<i>Pulmonary Edema</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Mason M.D.</i>	
		Address <i>St. Agnes Hospital</i>	
Accident or Suicide?			

0/70/111/26

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jon Owning*

Died at *Beaver Dam* <sup>Town</sup> *Bath* <sup>County</sup>

Date of death *1905* <sup>Month</sup> *Sept* <sup>Day</sup> *9* <sup>Years</sup> *About 73* <sup>Months</sup>  <sup>Days</sup>

Sex *Male* Color or Race *White* Birthplace *Ireland*

Occupation *Tinsmith* Where Residing if not at place of death *Beaver Dam*

Married, Single or Widowed *Married* Name of Wife or Husband *Kathleen Owning*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Thos O Owning Esq* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hypertrophy of Prostate Gland* <sup>How long</sup> *Several months*

Immediate *Kidney disease* <sup>How long</sup> *About 2 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. F. Burrey M. D.*

Address *Texas*

Accident or Suicide?

Interred at  
Fry as Cemetery

Sep 12<sup>th</sup>  
" "

~~Charles C. [unclear]~~

~~Dec 24 1904~~

~~183 [unclear]~~

Name  
in  
Full

CERTIFICATE OF DEATH

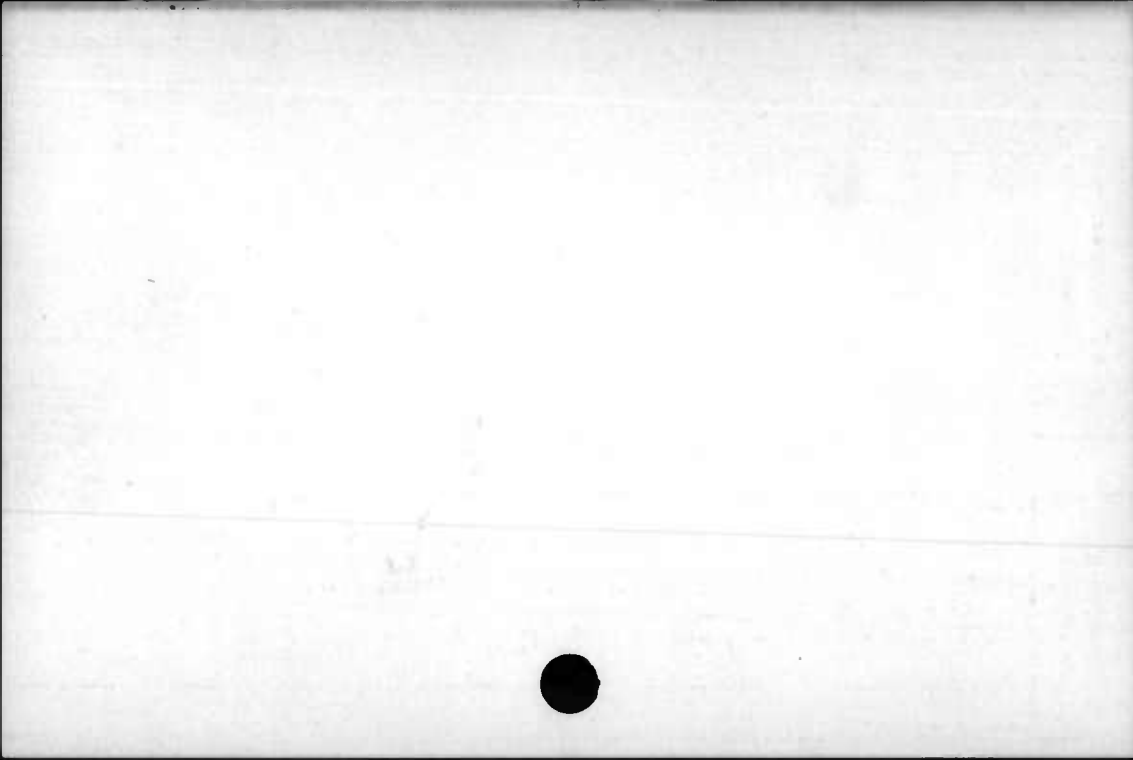
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parkton</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month	Sept	Day	10
Age		78		Months	—
Sex	Female		Color or Race	White	
Married, Single or Widowed		Widowed		Occupation	None
Name of Wife or Husband		Mary <del>Ann</del> Parker			
Father's Name		Wm. Peeter Stiffler		Father's Birthplace	Maryland
Mother's Maiden Name		dont know		Mother's Birthplace	Unknown
Name of person giving information		Sarah Parker		How related to deceased	Slaughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial Hepatitis</i>		How long	<i>8 months</i>
Immediate	<i>Aschemia</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		yes.		
Signature of Physician		<i>W. T. Hyde M.D.</i>		
Address		<i>Parkton Md.</i>		
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Sunny Brook* *Balto.*Date of death *1905* *Sept.* *3* *Age* *32* *Months* *1* *Days* *23*Sex *Female* Color or Race *White* Birth-place *Balto. Co.*Occupation *House Keeper.* Where Residing if not at place of death *Sunny Brook*Married, Single *Single* Name of Wife or HusbandFather's Name *Wm. J. Bartlett* Father's Birthplace *Balto. Co.*Mother's Maiden Name *Hannah R. Ayers* Mother's Birthplace *Balto. Co.*Name of person giving information *Mrs. Wm. J. Bartlett* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Tuberculosis* How long *one Year*Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?


Signature of Physician *J. J. Payne* Address *Sunny Brook*

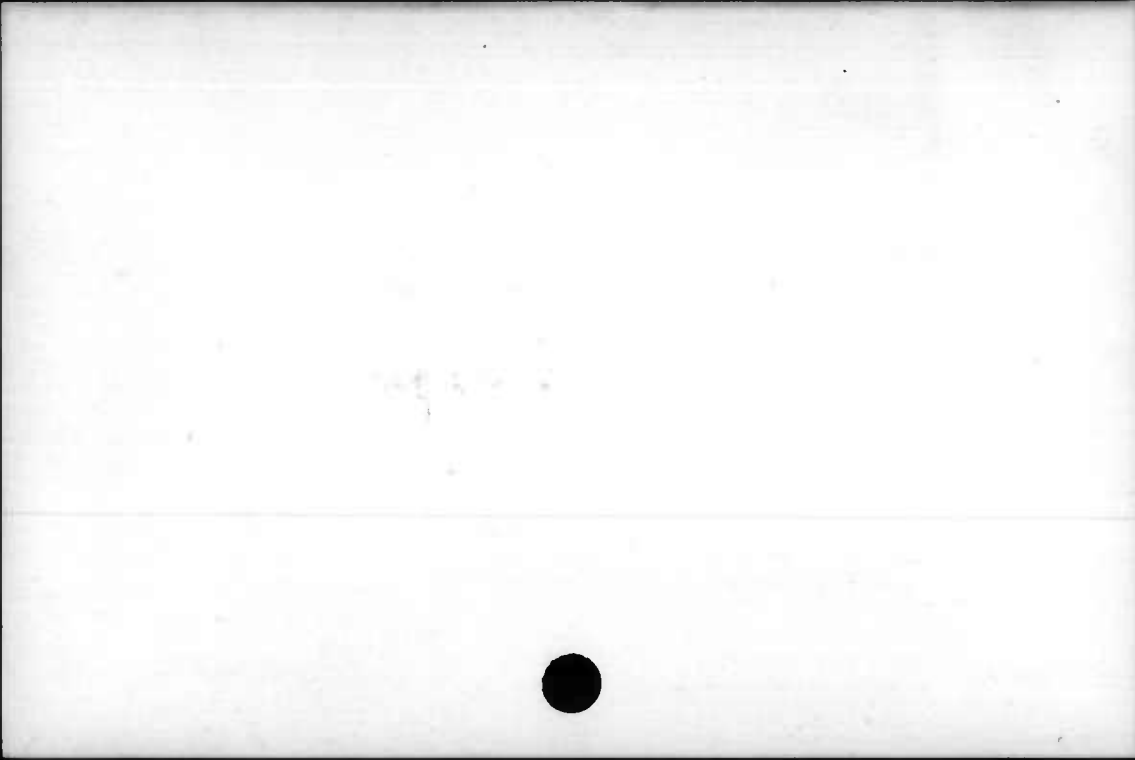
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns Son's  
Funeral Directors

Hess Cemetery  
Baltimore  
Md.

Name in Full		Grace Parlett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Manor		Balto		MARYLAND		
		Date of death		1905	Month	9	Day	16
		Age		Years		Months		
		Sex		Female		Color or Race		
		White		Birth-place		Manor		
Occupation		—		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		—				
Father's Name		James Fredway				Father's Birthplace		
Mother's Maiden Name		Gertie Parlett				Mother's Birthplace		
Name of person giving information		Farthe				How related to deceased		
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER		Primary				How long		
		Premature birth				How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Yes				Address		
Accident or Suicide?		<div style="text-align: center;">  </div>						



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Parkersville* <sup>Town</sup> *Putto* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Sept* <sup>Day</sup> *14* Age *84* <sup>Years</sup> Months DaysSex *Male* Color or Race *white* Birth-place *md*Occupation *Farmer* Where Residing if not at place of death ☒Married, Single or Widowed *Married* Name of Wife or Husband ☒Father's Name ☒ Father's Birthplace ☒Mother's Maiden Name ☒ Mother's Birthplace ☒Name of person giving information ☒ How related to deceased ☒

## CAUSES OF DEATH

Primary *Senile Dementia* How long *2 yrs.*Immediate *Enteritis* How long *2 days.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wray Nade*  
Address *Parkersville, Md*Accident or Suicide? *No*



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

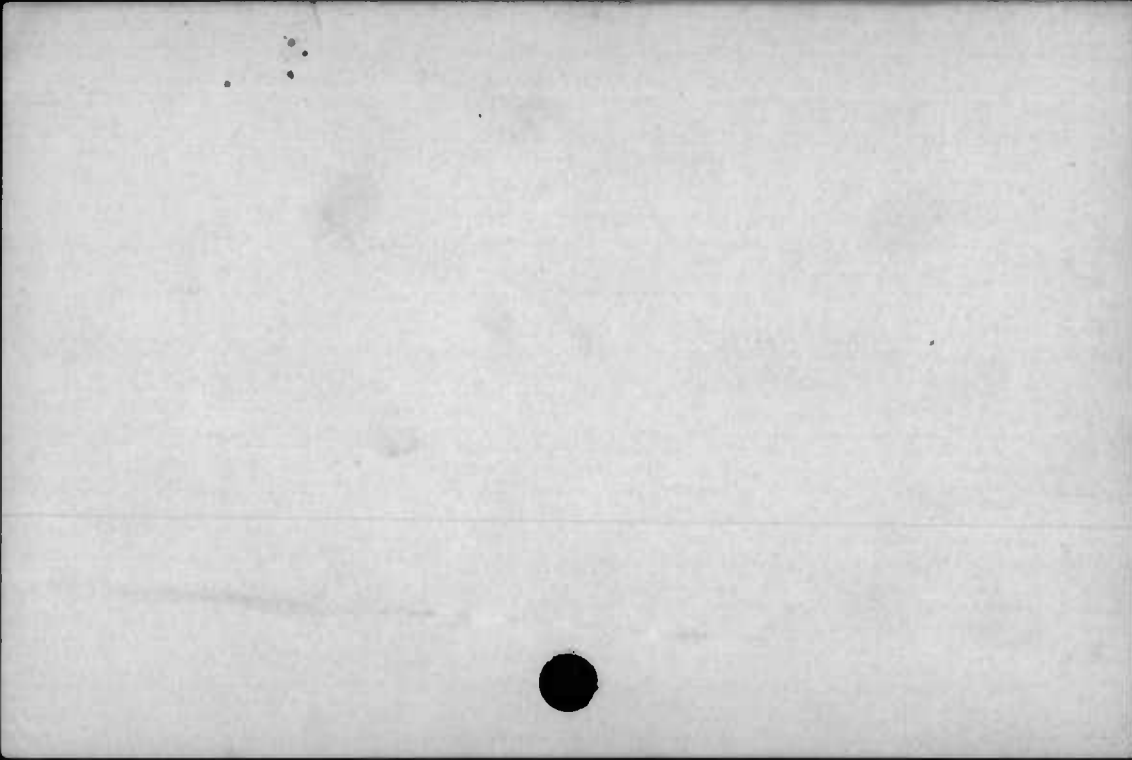
Died at *Verona* Town*Balto* CountyDate of death *190*Month *Sep*Day *9*

Age

Years *49*Months *1*Days *X*Sex *Male*Color or  
Race *White*Birth-  
place *Balto Co*Occupation *Merchant*Where Residing if not  
at place of death *Verona*~~Married, Single~~Name of Wife or  
HusbandFather's  
Name *Joseph J Price*Father's  
Birthplace *Oregon*Mother's  
Maiden Name *Maranda Cole*Mother's  
Birthplace *near Black Rock*Name of person giving  
In formation *Hannie*How related  
to deceased *Sister*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *3 yrs*Immediate *Cardiac Distress*How long *2 weeks*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *J. Ross Payne M.D.*Address *Croft*Accident or Suicide? *No*





Name  
in  
Full

Elizabeth A. Quirkley

copy

## CERTIFICATE OF DEATH

Died at *Lutherville* TownCounty *Balto*

MARYLAND

Date  
of death *1905*Month *9*Day *1*Age *81*

Years

Months

Days

Sex *Female*Color or  
Race*colored*Birth-  
place*Id*

Occupation

*Stitch*Where Residing if not  
at place of death*Lutherville*Married, Single  
or WidowedName of Wife or  
Husband*X*Father's  
Name*X*Father's  
Birthplace*X*Mother's  
Maiden Name*X*Mother's  
Birthplace*X*Name of person giving  
In formation*A. Hunsley*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

How long

Immediate

*apoplexy*

How long

Are the name, age, sex, color, date  
and place correctly given above?*ye*Signature of  
Physician

Address

*Dr. F. C. Peebles*  
*Lutherville*

Accident or Suicide?

*Over*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Original certificate returned in a slip of yellow paper  
with following endorsement.

Lutterworth

Patience C. Whit.

Sept. 2nd 1905

This is to state that

Elizabeth A. Walker died at Lutterworth

Sept 1st 1905 at the age of 8 years old. I have been her frequent  
(witness) (Signed) Dr. Charles Parker

W.P.

Name

in  
Full

## CERTIFICATE OF DEATH

Wenton Quincy

Town

County

Died at

Highlandtown

Balto

MARYLAND

Date

of death 1965

Month

9

Day

18

Age

Years

86

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

N. Y.

Occupation

Corker in Ship

Where Residing if not  
at place of death

1621 Third

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Quincy

Father's  
Name

Dont Know

Father's  
Birthplace

N. Y.

Mother's  
Maiden NameMother's  
Birthplace

N. Y.

Name of person giving  
Information

Cydney M. Morris

How related  
to deceased

Son in Law

## CAUSES OF DEATH

Primary

Chronic Myocarditis

How long

3 moe

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Gar. L. Maxfield

3 and 1/2 South  
Highlandtown

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

James Andrew Reese

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Lutherville<sup>County</sup> Baltimore

MARYLAND

Date  
of death 190

Month Sept.

Day 16

Age

Years 12

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Lutherville

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or WidowedMarried, Single  
or WidowedFather's  
Name

James P. Reese

Father's  
Birthplace

Lutherville

Mother's  
Maiden Name

Louise M. Lessenring

Mother's  
Birthplace

..

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Thick 1.28 (405) Tracer

How long

H.C.R.R.

Immediate

—

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

H. Curtis Stinson

Address

Joseph B. Herbert  
Coroner

Accident or Suicide?

(u)

Stewart & Mowen  
Greenman

Name  
in  
Full

Mrs. Ella Rhoe

## CERTIFICATE OF DEATH

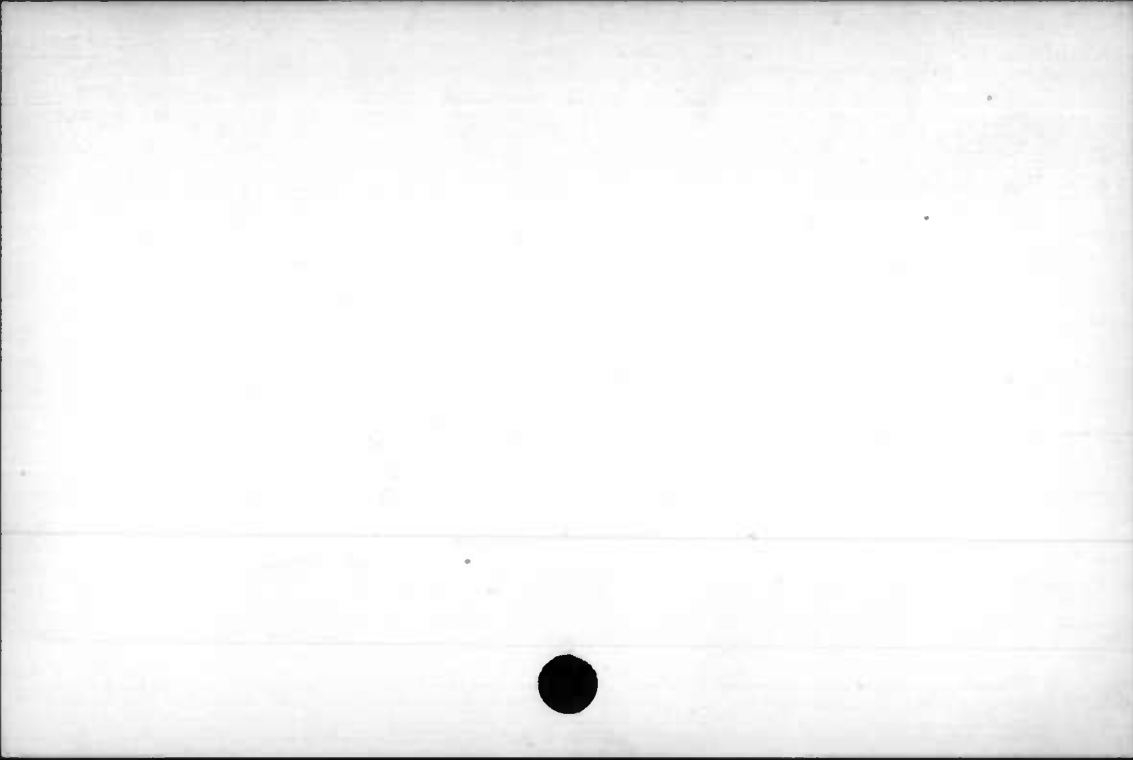
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hosp.</i>		Town <i>Balta</i>		County <i>Balta</i>		MARYLAND	
Date of death <i>190</i>		Month <i>Sept</i>	Day <i>21</i>	Age <i>29</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>963 Fred. Ave.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thos. Rhoe</i>					
Father's Name <i>John Keneally</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Farrell</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Thos. Rhoe</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Peritonitis</i>	How long <i>29</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. [Signature]</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	





Name in Full

Certificate of Death

Mary Louisa Ridgely

Died at Beltinor Town Beltinor County Beltinor

MARYLAND

Date 1905-Sept 7 Month 7 Day 81 Y. 5 M. 6 D. Native of Md Occupation Housewife

Male White Married Widow Divorced Widower

Female Colored Single Number of children living None

Husband of Charles W. Ridgely

Wife of Charles W. Ridgely

Father's Name Daniel C. Hopper Mother's Name Maria Thomas

Cause of Death { Primary Central Pneumonia Immediate Paralysis How long sick 6 hours

Accident ✓ Suicide ✓ Homicide ✓

Reported by Wm L. Smith

Address Rider Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

of Mosserberg  
please grant-permit  
for interment in  
Green Mt Cemetery  
& oblige

Stewart D. Nowen

Name  
in  
Full

Robert Malcolm Robinson

CERTIFICATE OF DEATH

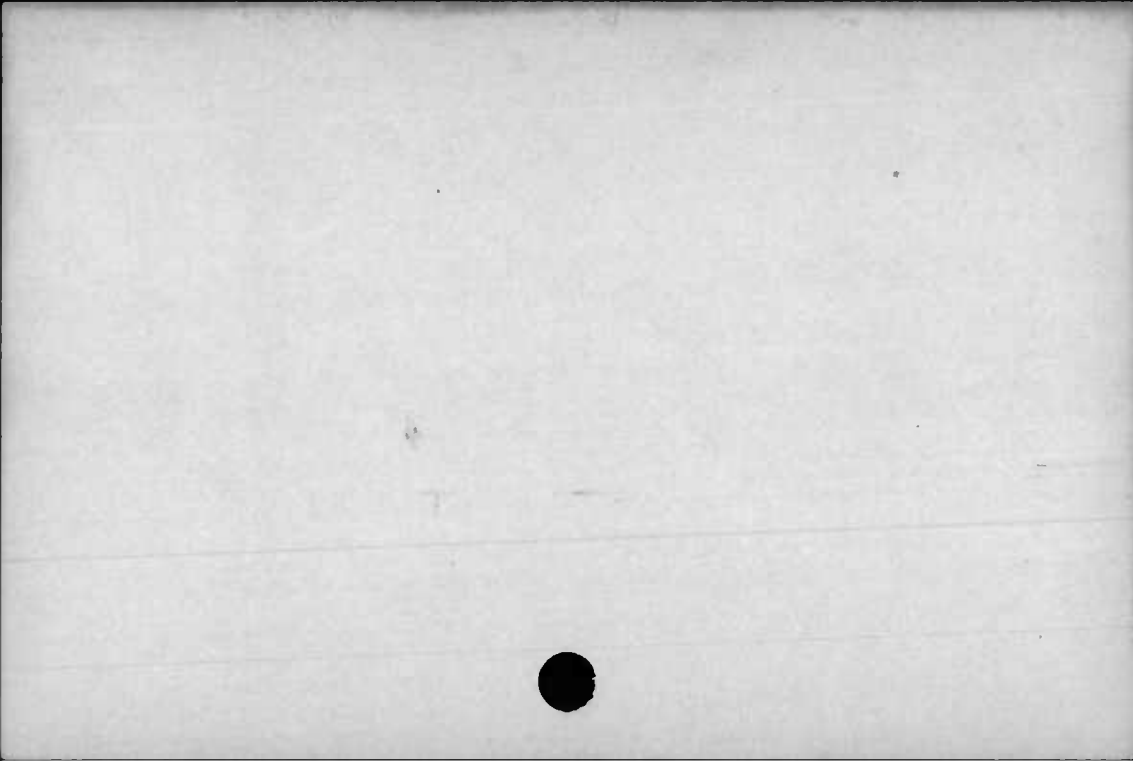
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walters</i> <sup>Town</sup>		<i>Baile</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>3</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas Robinson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Emma E Robman</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Robt Campbell</i>			How related to deceased <i>G. Fuchel</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 mos</i>
Immediate <i>as above</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harnes</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>md</i>	



Name  
in  
Full

Charles W. Robey

CERTIFICATE OF DEATH

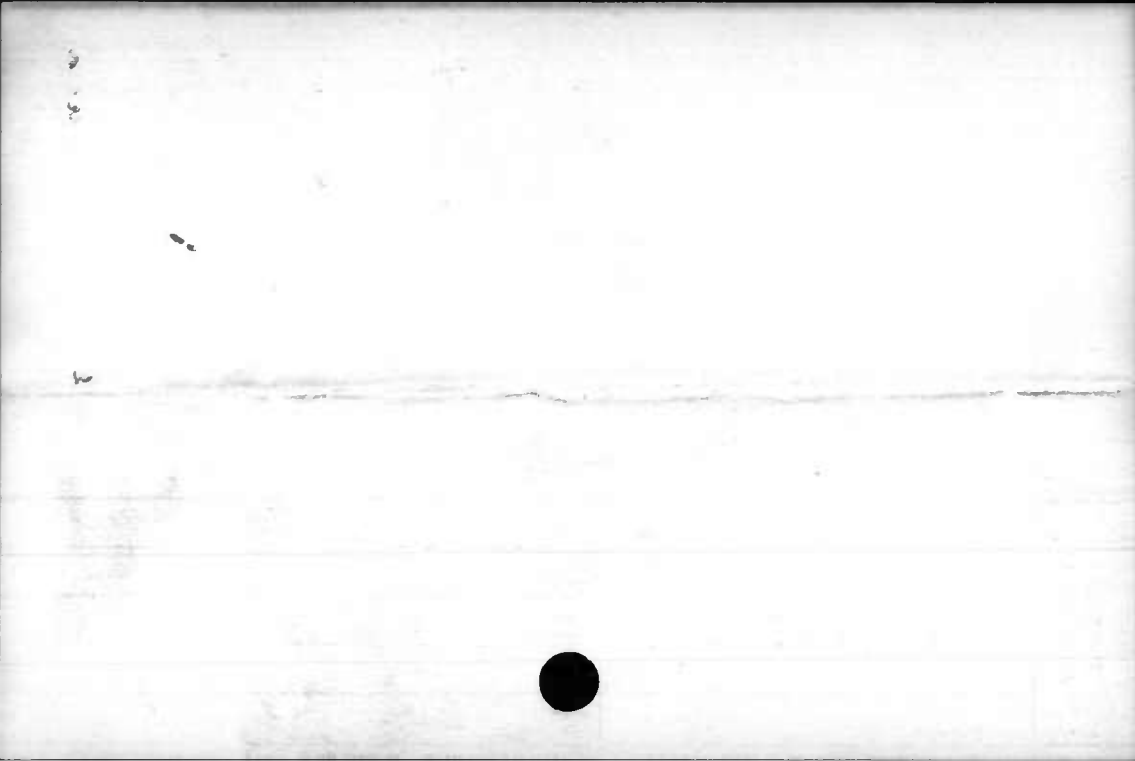
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rossville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>Sept</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>farmer</i>			
Name of Wife or Husband <i>Isther A Robey</i>					
Father's Name <i>Walter W Robey</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elij. D. Hague</i>			Mother's Birthplace <i>va</i>		
Name of person giving In formation <i>Mrs Mary Thomsen</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer jawbone &amp; throat</i>	How long <i>8 mos</i>
Immediate <i>Ascheur's</i>	How long <i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yo</i>	Signature of Physician <i>John W. Haeuser MD</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Catherine Rockstroh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		1905	Month Sept	Day 8 <sup>th</sup>	Age 72	Years	Months Days
Sex Female		Color or Race White		Birth- place Germany			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John Rockstroh					
Father's Name don't know		Father's Birthplace Germany					
Mother's Maiden Name don't know		Mother's Birthplace Germany					
Name of person giving information George Rockstroh		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis	How long	2 days
Immediate	Gastric infection	How long	8 hours
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician J. H. McClanahan M.D.	
		Address 418 N. Clinton St. Highlandtown	
Accident or Suicide?			

Holy Redeemer Cemetery

Aug. 10 <sup>th</sup> 1905

Germanus Plante

Under the



Name  
in  
Full

## CERTIFICATE OF DEATH

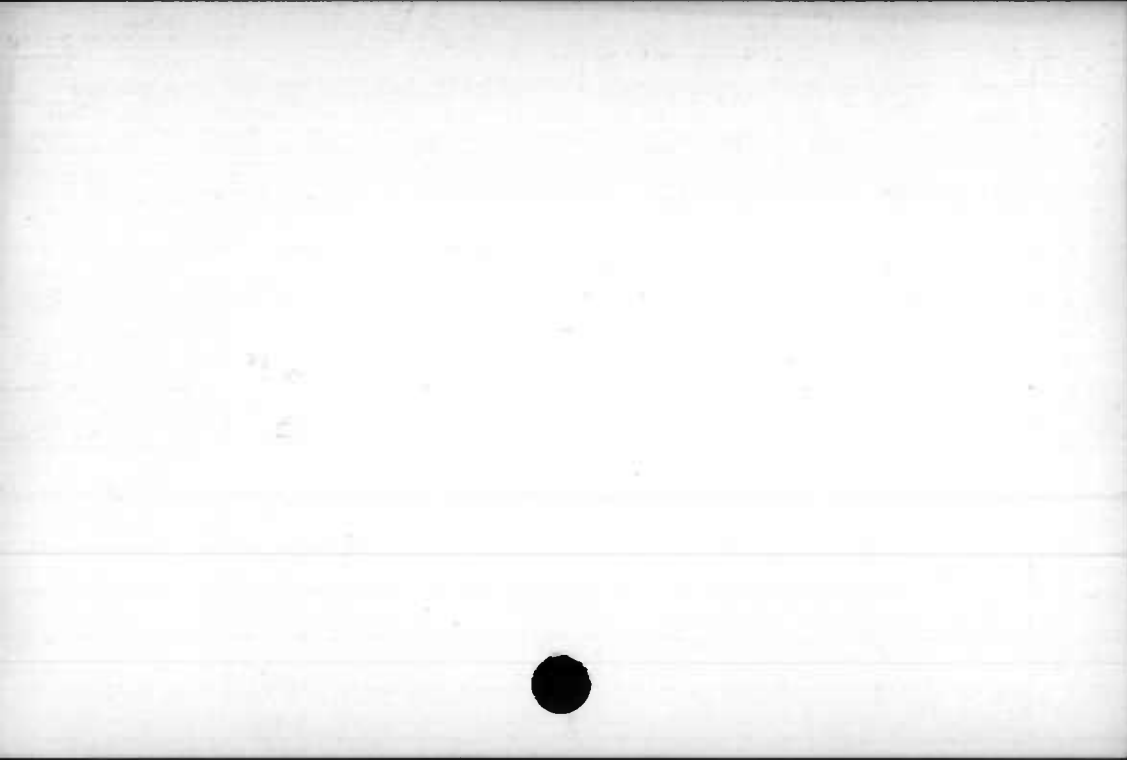
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm. Savignol</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at		Month <i>Sept.</i>		Day <i>15</i>		Years <i>66</i>	
Date of death <i>1901</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>France</i>			
Occupation <i>Barber</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace <i>France</i>					
Mother's Maiden Name		Mother's Birthplace <i>France</i>					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia &amp; Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Mason</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



TO BE ANSWERED BY  
NEAREST FRIEND

*Matilda Schroeder*

Town *Goraustown* County *Baltimore*

MARYLAND

Died at *Goraustown* Date of death *1905 Sept 3* Age *73* Months *—* Days *—*

Sex *female* Color or Race *white* Birth-place *Balto Md.*  
Occupation *Ready-made* Where Residing if not at place of death *Goraustown.*

Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *Jacob Schroeder*

Father's Name *Robert Cropper* Father's Birthplace *Baltimore*

Mother's Maiden Name *Ruth McClellan* Mother's Birthplace *—*

Name of person giving information *Annie E Schroeder* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Bright's disease* How long *20*  
Immediate *Heart disease* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. E. Hesser, M.D.*

Address *1735 W Patterson Pk Ave  
Baltimore*  
Accident or Suicide? *—*

PHYSICIAN  
OR CORONER

Interment in Freemount  
Cemetery Sept 5/905.

William Cook

Name in Full

Certificate of Death

Hazel M. Shaper.

Town

County

Died at

Ellicott City

Bucks.

MARYLAND

Date 189

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 27

Age

2-21

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Alonso Shaper

Mother's

Name

Jessie Shaper.

Cause of

Primary

Dysentery - enteritis

How long sick

about 5 days

Death

Immediate

Aschemia

Accident, Suicide, Homicide

Reported by

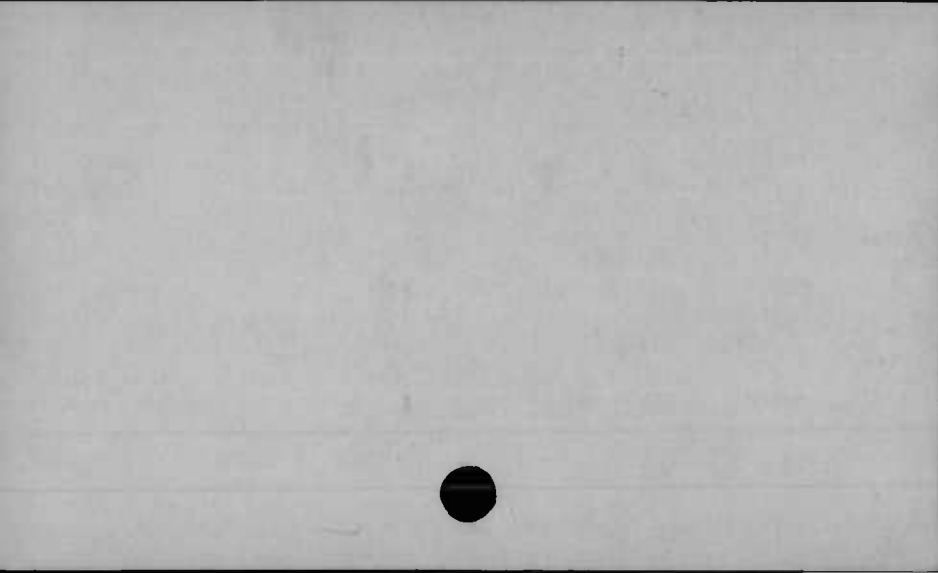
J. S. Owens M.D.

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

CERTIFICATE OF DEATH

Braxton Sheffer  
Town Balt. County

MARYLAND

Died at *Mt Winans*  
Date of death *1900* Month *Sept.* Day *30* Age *—* Years *—* Months *—* Days *Six*

Sex *male* Color or Race *colored* Birth-place *Mt Winans*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Bayd Sheffer*

Father's Name *Bayd Sheffer* Father's Birthplace *Poplarville*

Mother's Maiden Name *Barbara Luster* Mother's Birthplace *Shanhol*

Name of person giving information *father* How related to deceased *parents*

CAUSES OF DEATH

Primary *—* How long *73*

Immediate *Ltwinans* How long *36 hours*

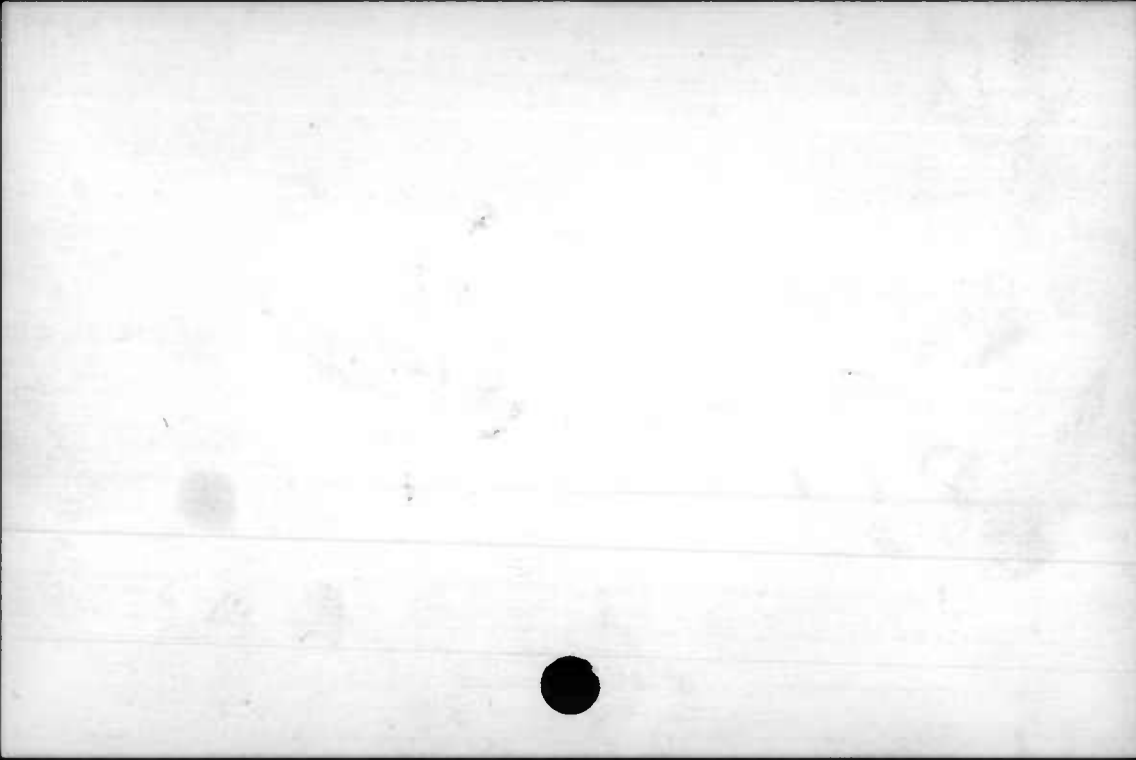
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. V. Glau*

Address *Mt Winans*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Nathan Sharter

## CERTIFICATE OF DEATH

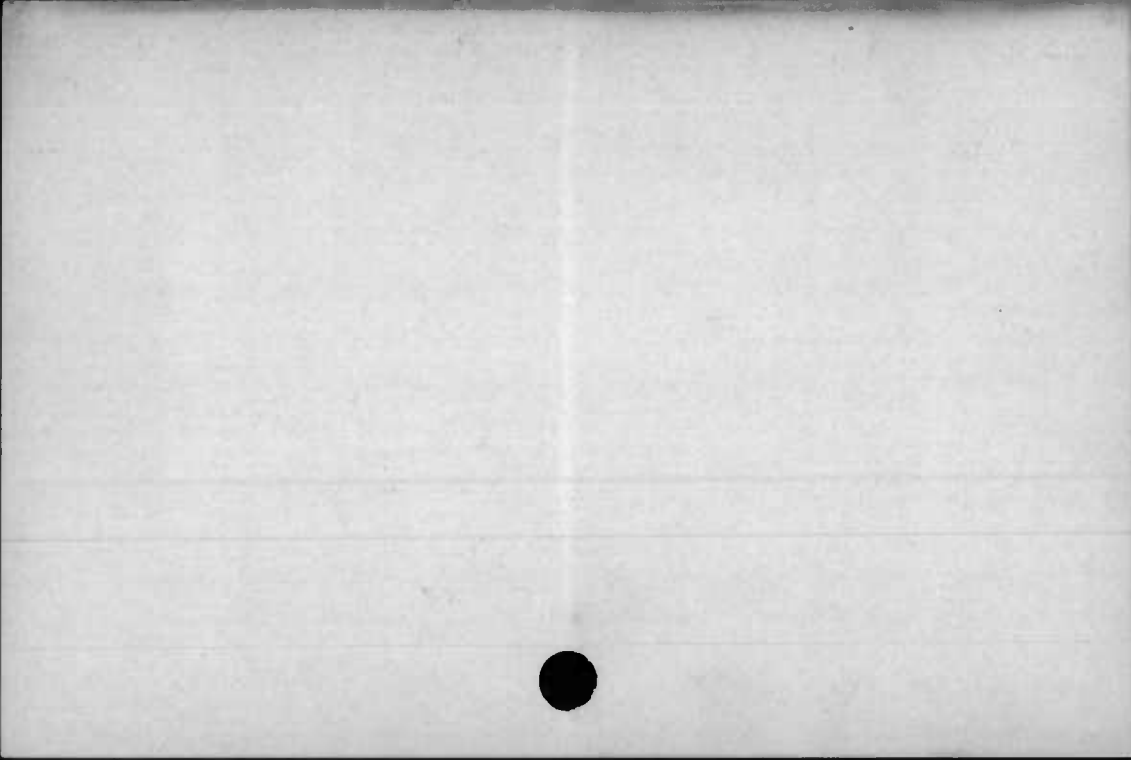
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow's Point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>25</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Balto., Md.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>drowned</i>	How long
Immediate	<i>drowned</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jos Blain J. P.</i>	
	Address <i>Sparrow's Point Md.</i>	
Accident or Suicide? <i>Accident</i>		



Name in Full		Lewis F. Slade				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Owings Mills		Baltimore		MARYLAND	
	Date of death	1905	Sept	29	Age	75	
	Sex	Male		Color or Race	White		
	Occupation	Carpenter		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	H. Elizabeth Slade		
	Father's Name	Jesse Slade		Father's Birthplace	Howard Co. Md.		
PHYSICIAN OR CORONER	Mother's Maiden Name	Unknown		Mother's Birthplace			
	Name of person giving information	H. Elizabeth Slade		How related to deceased	Wife		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Heart Disease			How long	1 year	
	Immediate	Sudden failure of heart			How long	Immediate	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			W. H. Campbell			
			Address				Owings Mills Md.
Accident or Suicide?							

Ston Chapel

S. A. Selby -

Name  
in  
Full

## CERTIFICATE OF DEATH

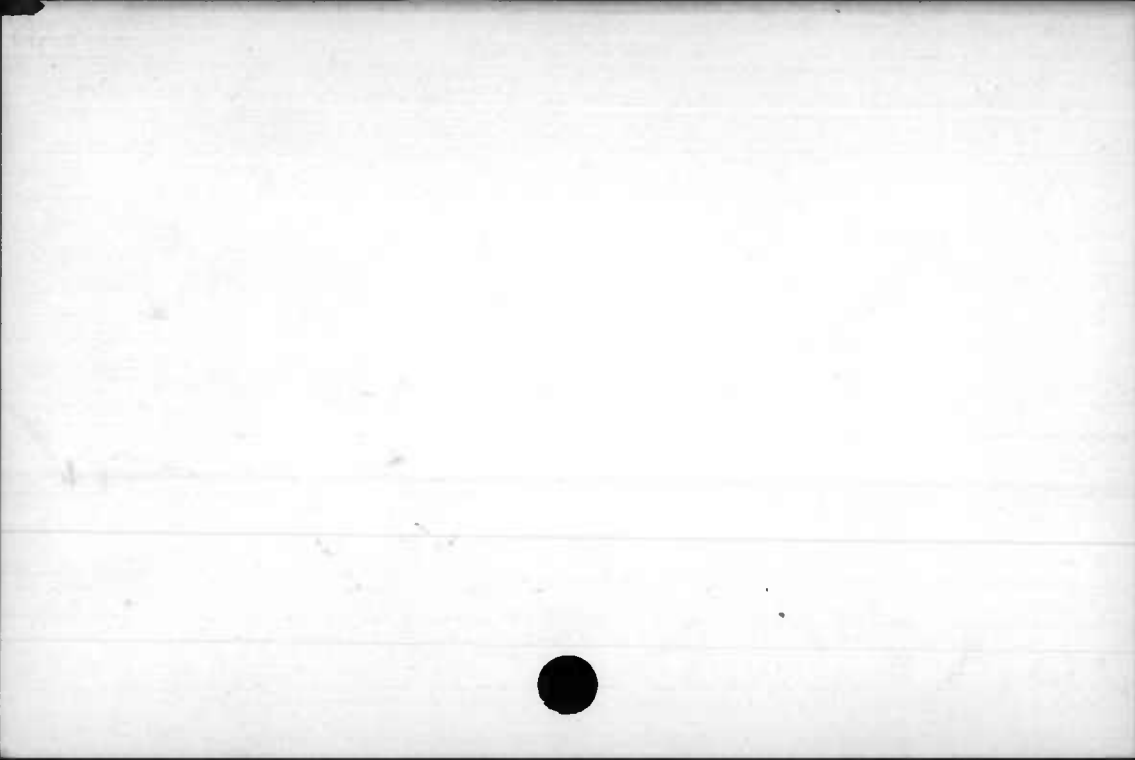
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Heatonville</i> <small>Town</small> <i>Butte</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>23</i>	Age <i>81</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <input checked="" type="checkbox"/>		
Father's Name <input checked="" type="checkbox"/>	Father's Birthplace <input checked="" type="checkbox"/>		
Mother's Maiden Name <input checked="" type="checkbox"/>	Mother's Birthplace <input checked="" type="checkbox"/>		
Name of person giving information <input checked="" type="checkbox"/>	How related to deceased <input checked="" type="checkbox"/>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i> <input checked="" type="checkbox"/>	How long <i>one yr.</i>
Immediate <i>Chronic Bronchitis Disease</i> <input checked="" type="checkbox"/>	How long <i>one yr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Wade</i>
<i>No.</i>	Address <i>Heatonville, Mo.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

Charles Stencil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Franklin town</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	<sup>Month</sup> <i>Sept</i>	<sup>Day</sup> <i>11</i>	<sup>Years</sup> <i>3</i>	<sup>Months</sup> <i>2</i> <sup>Days</sup> <i>12</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Dickesville</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>2629 Franklin St</i>		
<del>Married</del> , Single or <del>Widowed</del>	Name of Wife or Husband		<i>—</i>		
Father's Name	<i>Michael J. Stencil</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Loretta Able</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Michael Stencil</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 Weeks</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A.C. Smith M.D.</i>
		Address	<i>Woodlawn Md</i>
Accident or Suicide?			

Franklin town Ste Agnes. Conn  
J B Cook



Name  
in  
Full

Marie Styr

CERTIFICATE OF DEATH

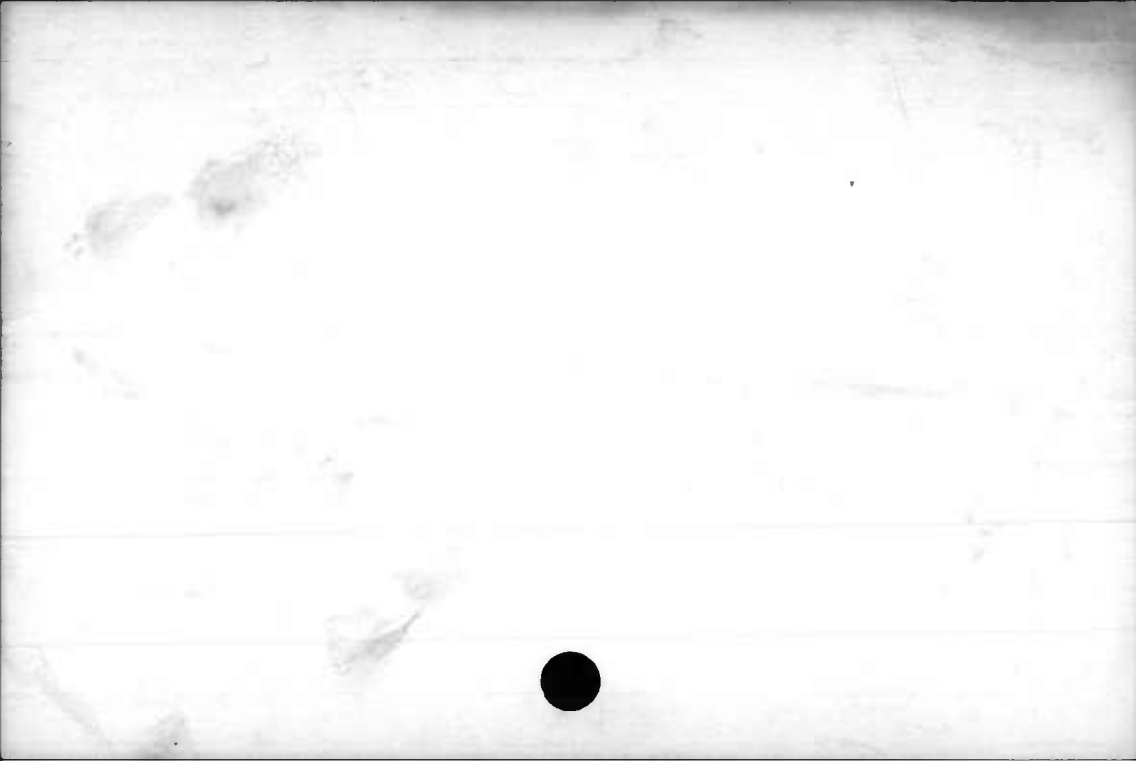
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grange P.O.</i>		Town <i>Grange</i>		County <i>Bald</i>		State <i>MARYLAND</i>	
Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>chd</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Styr</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Francis</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>My Styr</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Natural Causes</i>	How long <i>few hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>no</i>	Signature of Physician
	Address
Accident or Suicide? <i>no</i>	<i>William D. Genbrino coron</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Smith*

Died at *Madison River* *Beaumont* County

Date of death *1905* Month *Sept* Day *19* Age *48* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John W. Smith*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *John W. Smith* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute* How long *2 1/2*

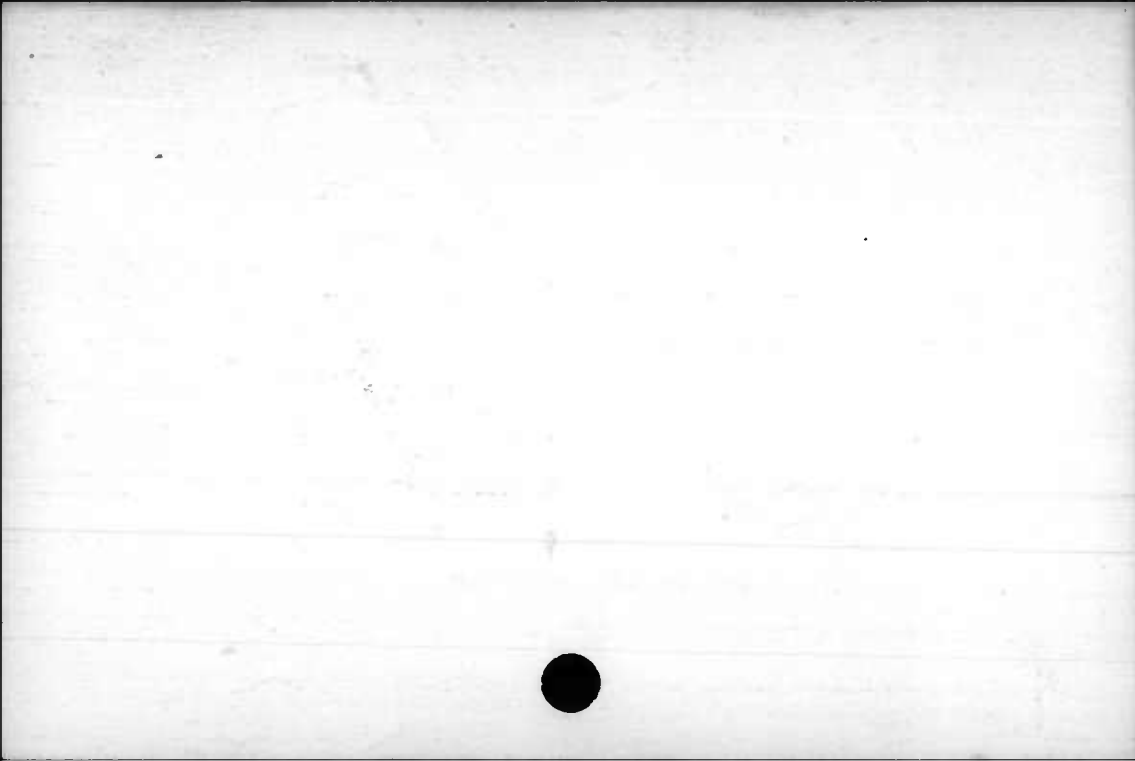
Immediate *Pulmonary Tuberculosis* How long *30 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. W. Mader*

Address *Rossville Ind*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary A. Tanning

Town

County

Died at

Warren

Balto.

MARYLAND

Date

of death 1905

Month

Sept.

Day

7

Years

Age

77

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

England

Occupation

Housewife

Where Residing if not  
at place of death

Warren

Married, Single  
or WidowedMarried  
Husband

Jane Tanning

Father's  
Name

W. Coggin

Father's  
Birthplace

England

Mother's  
Maiden Name

Mary Bryan

Mother's  
Birthplace

o

Name of person giving  
Information

Mary E. Buchanan

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Chronic Bronchitis - Cardiac Hypertrophy

How long

4 years

Immediate

Gastro-Enteric (Acute)

How long

8 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. A. Thompson

Address

Phoenix

Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

This is the card for  
Mrs Torrington

Name  
in  
Full

Rachel Ann Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

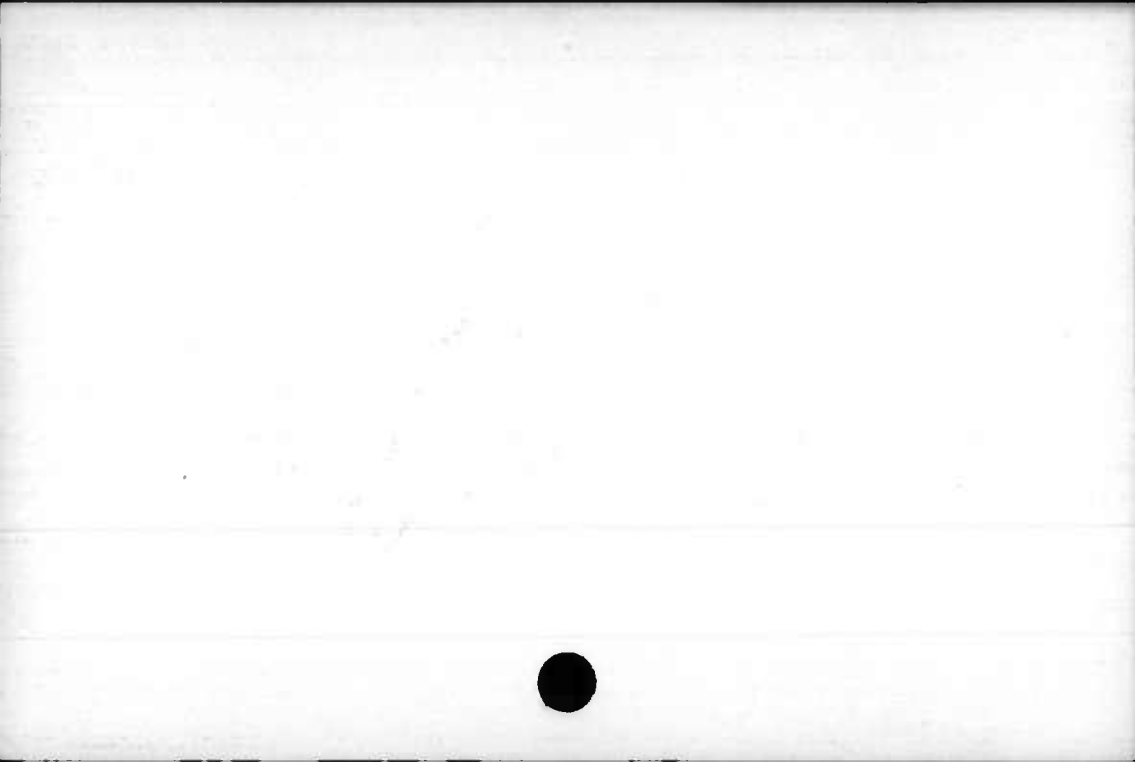
MARYLAND

Died at		Town Calumsville		County Balls			
Date of death		1905	Month Sept	Day 4	Age 75	Months	Days
Sex Female		Color or Race Cock		Birth-place Frederick Co Md			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Joshua Thomas					
Father's Name Jacob Brooks		Father's Birthplace Md					
Mother's Maiden Name Rachel		Mother's Birthplace Md					
Name of person giving information Mrs John Matthews		How related to deceased Daughter					

## CAUSES OF DEATH

Primary	Valv Dis of Heart	How long	1 year
Immediate	"	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr L Maupfield	
		Address Calumsville Md	
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

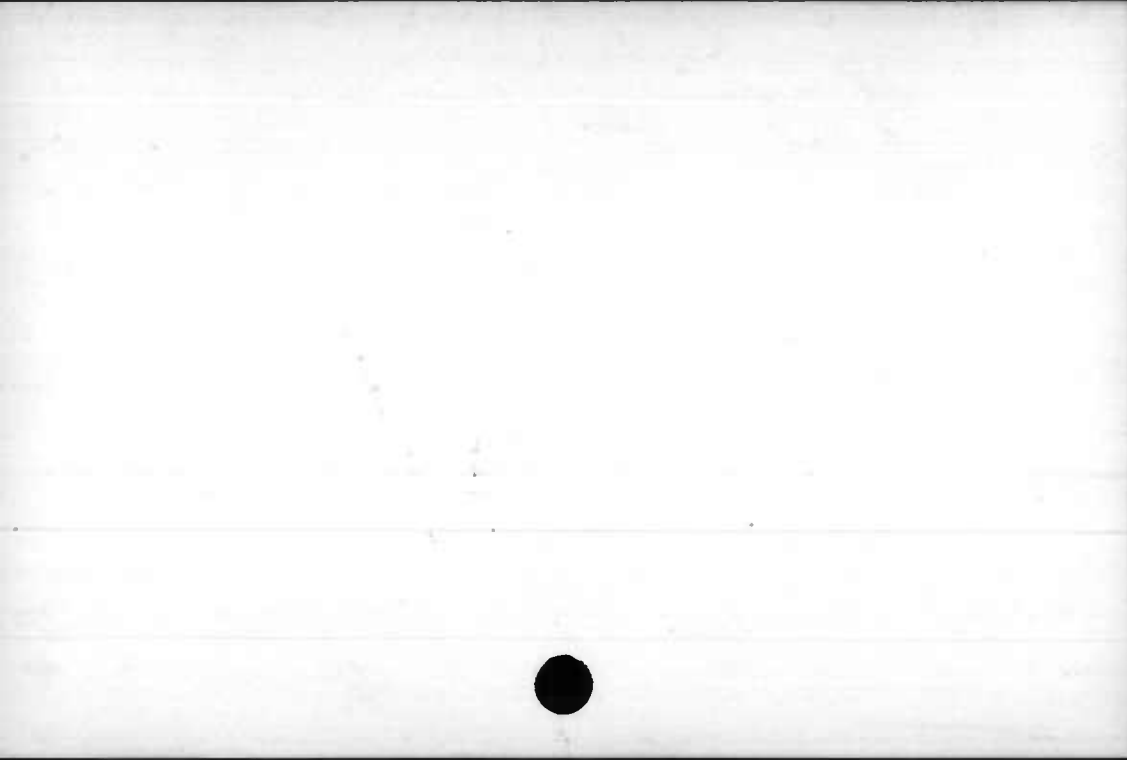
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Mary E. Thompson</i>		Town <i>St. Agnes' Hosp</i>		County <i>Balto</i>		MARYLAND	
Died at <i>St. Agnes' Hosp</i>		Date of death 190 <i>5</i>		Month <i>Sept.</i>		Day <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>71</i>		Years <i>71</i>	
Birth place <i>Charles Co. Md.</i>		Where Residing if not at place of death <i>Westminster, Md.</i>		Months <i>71</i>		Days <i>71</i>	
Occupation <i>Widow</i>		Name of Wife or Husband <i>William Queen</i>		Father's Birthplace <i>Chas. Co. Md.</i>		Mother's Birthplace <i>Charles Co. Md.</i>	
Father's Name <i>William Queen</i>		Mother's Maiden Name <i>Henrietta Borman</i>		Name of person giving information <i>Edgar Thompson</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>21</i>
Immediate <i>Exhaustion</i>	How long <i>21</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. M. M. M. M. M.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name  
in  
Full

*Thelma C. Thompson*

CERTIFICATE OF DEATH

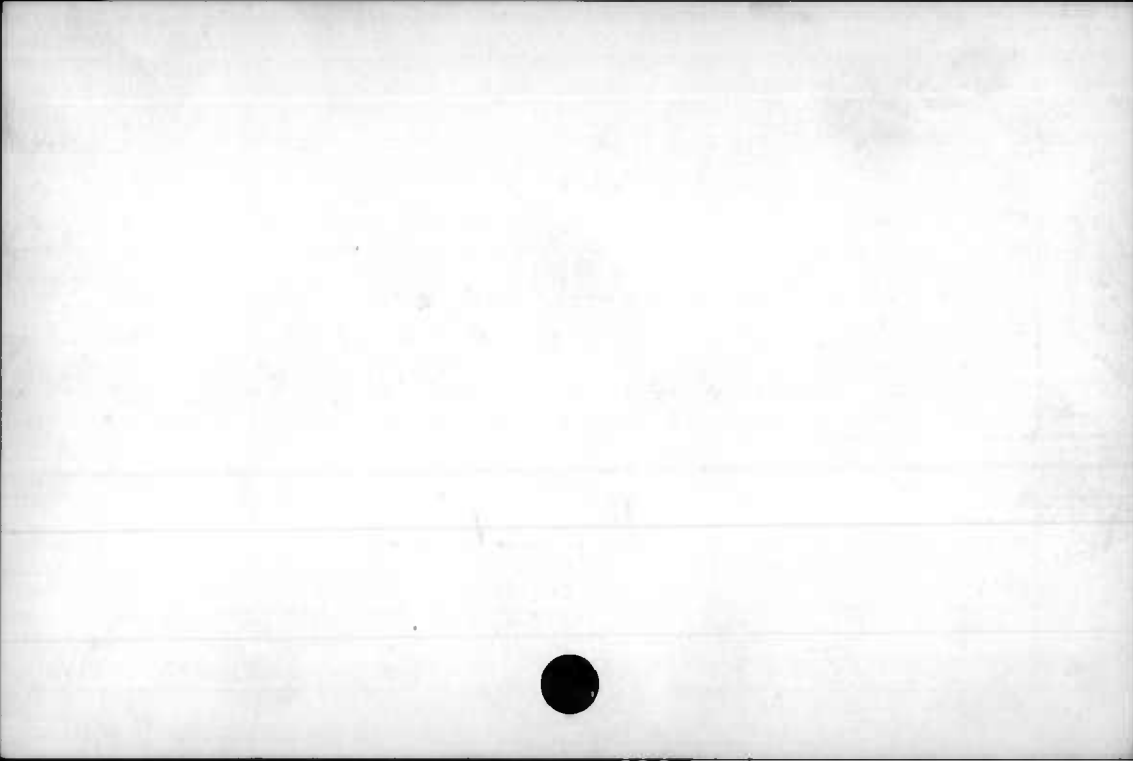
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Helena</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905 Sept.</i> <sup>Month</sup>		<i>7</i> <sup>Day</sup>	<i>1</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>13</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>St. Helena.</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Alexander Thompson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Emma C. Currier</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Alexander Thompson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infective Atrophy</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Stetland</i>
	Address <i>Spencer, Ind</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Catonville* <sup>County</sup> *Balto*Date of death <sup>Month</sup> *5* <sup>Day</sup> *6* <sup>Years</sup> *45* <sup>Months</sup> *0* <sup>Days</sup> *0*Sex *Female* Color or Race *white* Birth-place *Ireland*Occupation *Nurse* Where Residing if not at place of death ☒Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *James Toohy* Father's Birthplace *Ireland*Mother's Maiden Name *Nora Crow* Mother's Birthplace *"*Name of person giving information *Ellen M. Stenna* How related to deceased *Niece*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Granulated Unhealed Hemorrhoid* How long *36 hours*Immediate *General Peritonitis* How long *6 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Fred. W. Louis Venzke

## CERTIFICATE OF DEATH

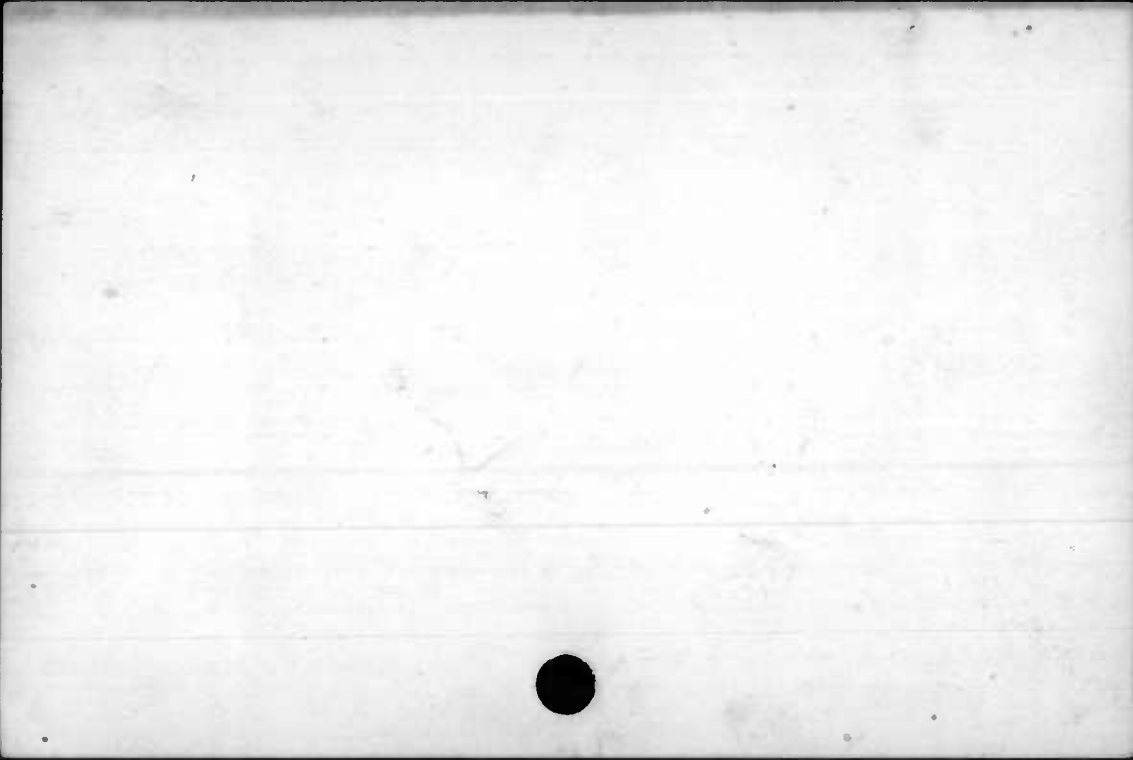
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bradshaw</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>17</i>		Age <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bradshaw</i>		Months <i>8</i>	
Occupation		Where Residing if not at place of death				Days <i>16</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>F. W. L. Venzke</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louisa Coge</i>		Mother's Birthplace <i>Albington</i>					
Name of person giving information <i>Lizzie Venzke</i>		How related to deceased <i>sister</i>					

## CAUSES OF DEATH

Primary	<i>Heart Disease - Drops</i>	How long	<i>5 weeks</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thomas Smith</i>	
		Address <i>13 Baltimore Ave</i>	
		<i>27 W. Park St</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name  
in  
Full

Leon Von

CERTIFICATE OF DEATH

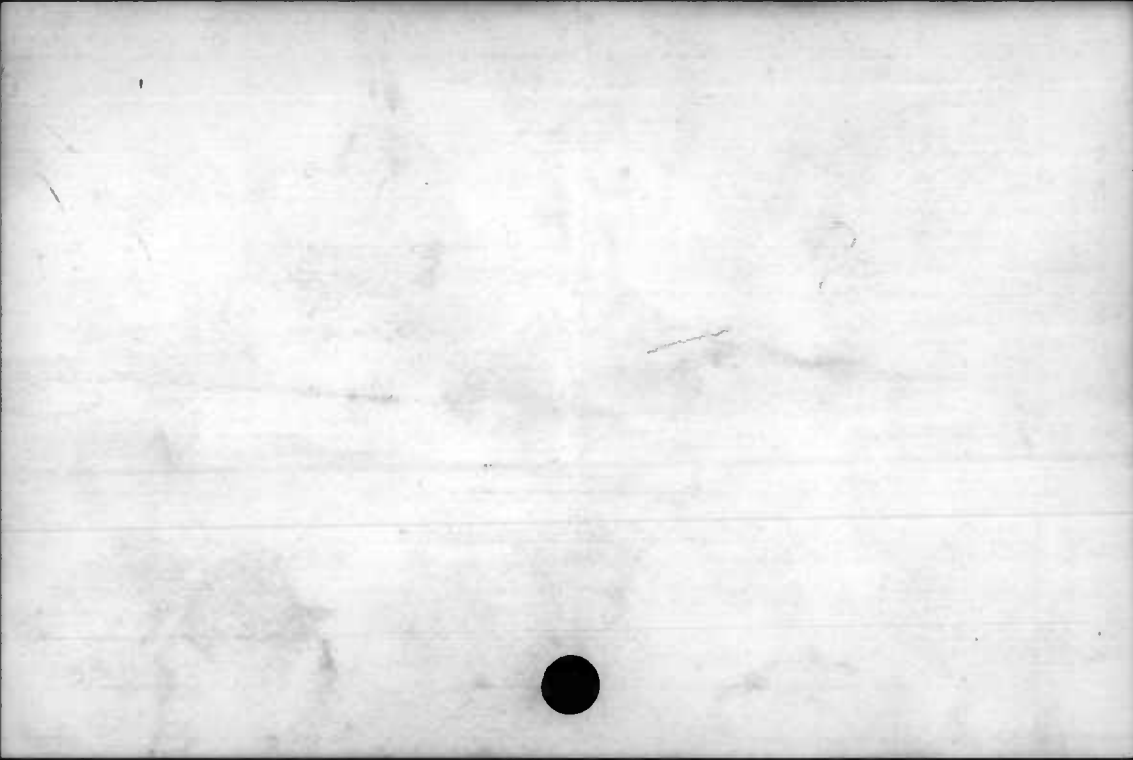
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Poplar Heights</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> <sup>Month</sup> <i>13</i> <sup>Day</sup>	<i>5</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup> <i>0</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore</i>	
Occupation <i></i>	Where Residing if not at place of death <i>Poplar Height</i>		
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>		
Father's Name <i>Gilbert Von</i>	Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Alberta Isaac</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Gilbert Von</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i></i>	How long <i>1 Week</i>
Immediate <i>Summer complaint</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Coroner</i> <i>Fred G Pfeffer</i>
<i>Natural</i>	Address <i>1218 First St</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Franc Wagner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Racineburg</i>		County <i>Baldw. Co.</i>		MARYLAND	
Date of death	1905	Month	Sept.	Day	7
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place		
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Fredrick Wagner</i>		
Mother's Maiden Name			<i>Leona Auerheim</i>		
Name of person giving information			<i>Philip Wagner</i>		
Father's Birthplace			<i>Baltimore</i>		
Mother's Birthplace			<i>Germany</i>		
How related to deceased			<i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>about 2 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Lingard Whiteford</i>	
Accident or Suicide?		Address	
		<i>Fullerton, Md.</i>	

Wendell Lippel & Son

Street Home

Loney -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Wagner*  
 Died at *Baltimore Co. Almshouse*  
 Town *Baltimore* County *Baltimore*

MARYLAND

Date of death *1905* Month *9* Day *26* Age *70* Years Months Days

Sex *Female* Color or Race *White* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate *Infirmities incidental to old age* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Dr. Thos. C. Bussay*

Address *Texas*

Accident or Suicide? *Med.*

A. W. Cusor

Dept Alms House

---

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annice Berchely Ward*  
 Died at *Parkbrook Park* Town *Baltimore* County

MARYLAND

Date of death *1905* Month *Sept* Day *19<sup>th</sup>* Age *73* Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Warrenton Va*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Berchely*Father's  
Birthplace*Warrenton Va*Mother's  
Maiden Name*Harriet Fitzhugh*Mother's  
Birthplace*Fairfax Co Va*Name of person giving  
In formation*Susan M. Portney*How related  
to deceased*Sister*

## CAUSES OF DEATH

Primary

*Sarcoma of Breast*

How long

*43* *One year*

Immediate

*Rail alysis*

How long

*32 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Umar Rancoast*

Address

*1500 Madison Ave Bath,*

Accident or Suicide?

N. H. Gentling & Sons Co

Greenmount Cn

Sept 20<sup>th</sup> 1905



Name  
in  
Full

Christian S. Harfel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Dulaney Valley* Town*Balto.* County

MARYLAND

Date  
of death *1905*Month  
*Sept*Day  
*24*Age  
Years *78*Months  
*1*Days  
*22*Sex  
*Male*Color or  
Race *White*Birth-  
place *Pa.*Occupation  
*Farmer*Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~Name of Wife or  
~~Husband~~*Margaret E. Dunlap*Father's  
Name *Jacob Harfel*Father's  
Birthplace *Unknown*Mother's  
Maiden Name *Elizabeth Donohy*Mother's  
Birthplace *"*Name of person giving  
information *W. G. Harfel*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary *Chronic Gastro-intestinal Catarrh*How long  
*Three years*Immediate *General debility*How long  
*—*Are the name, age, sex, color, date  
and place correctly given above? *—*Signature of  
Physician

Address

*J. W. Shear  
Gillings*Accident ~~or~~ Suicide?

204

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Sparrows Point*

Town

*Baltimore*

County

Date

of death

*1905*

Month

*Sept.*

Day

*25<sup>th</sup>*

Years

Age

Months

*10*

Days

*12*

Sex

*Male*Color or  
Race*white*Birth-  
place*Maryland*

Occupation

Where Residing if not  
at place of death*Sparrows Point*~~Married~~, Single  
or ~~Widowed~~Name of Wife or  
HusbandFather's  
Name*George A. B. Webster*Father's  
Birthplace*Md*Mother's  
Maiden Name*Patricia McGrath*Mother's  
Birthplace*Md*Name of person giving  
Information*Geo A. B. Webster*How related  
to deceased*father*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*3 days*

Immediate

*Menigitis*

How long

*2 "*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Sparrows Point**Md*

Accident or Suicide?

*no.*



Name  
in  
Full~~Florence V. West~~ (stillborn)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roland Park</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Month</sup> <u>Sept.</u> <sup>Day</sup> <u>9</u>	Age	<u>stillborn</u> <sup>Years</sup>	<u>stillborn</u> <sup>Months</sup>	<u>stillborn</u> <sup>Days</sup>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Roland Park</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed	<u>S.</u>	Name of Wife or Husband <u>X</u>			
Father's Name	<u>H. J. West</u>	Father's Birthplace <u>at birth</u>			
Mother's Maiden Name	<u>Florence V. West</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving information	<u>John T. King</u>	How related to deceased <u>physician</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Probably protracted labor</u>	How long	<u>X</u>
Immediate	<u>Stillborn</u>	How long	<u>X</u>
Are the name, age, sex, color, date and place correctly given above?	<u>X</u>	Signature of Physician	<u>John T. King M.D.</u>
		Address	<u>1425 Lutar Place</u>
Accident or Suicide?	<u>0</u>		



(Form 3.)

N. B.—No Fœtus should be interred or disposed of in any manner without a permit therefor having been obtained from this Bureau, such a permit to be granted upon the presentation of a proper return.

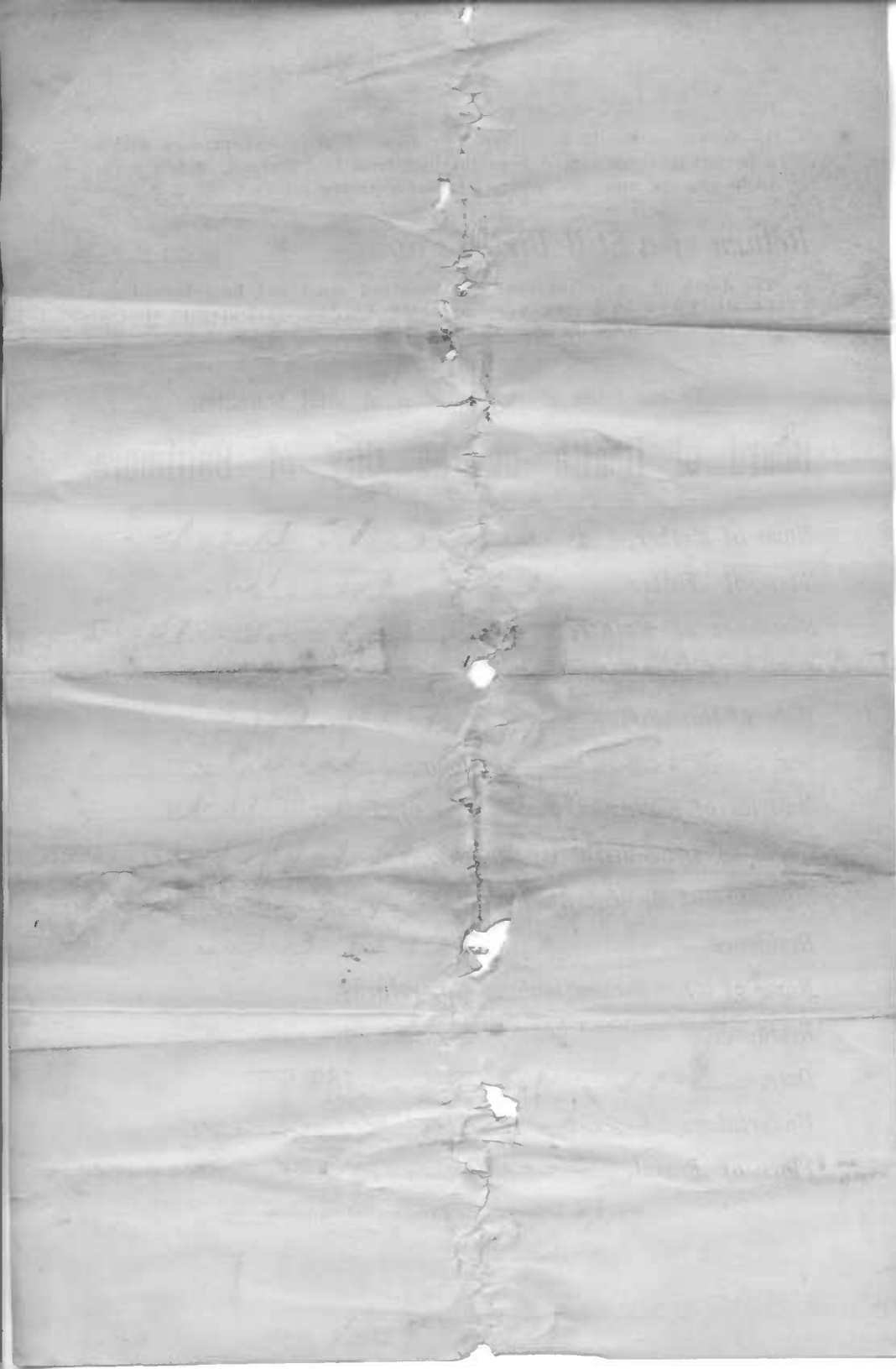
## Return of a Still Birth. No.

The death of an infant that has breathed must not be returned as a STILL BIRTH; such deaths should be certified in the usual manner after registering the Birth record.

To the Office of the Registrar of Vital Statistics,

## Board of Health of the City of Baltimore.

Name of Mother, *Florence V. West*.  
Name of Father *H. J. West*.  
Residence of Mother, *Burland Park - Balt.*  
Period of Utero-gestation, *Full term*.  
Date of this Birth, *Sept 9. 1905*  
Sex, *male* Color, *White*  
Nativity of Mother, *Id* of Father, *Id*  
Cause of Dead-Birth, (if known), *Probably protruded labor*  
Signature of Medical Attendant, *John J. King MD*  
Residence " " *1425 Eutan Place*  
Name of other person making this return, \_\_\_\_\_  
Residence, " " \_\_\_\_\_  
Date, *Sept 9 1905*  
Undertaker, *Chas. E. Francis*  
Place of Burial, *Greenmount Cemetery*.





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

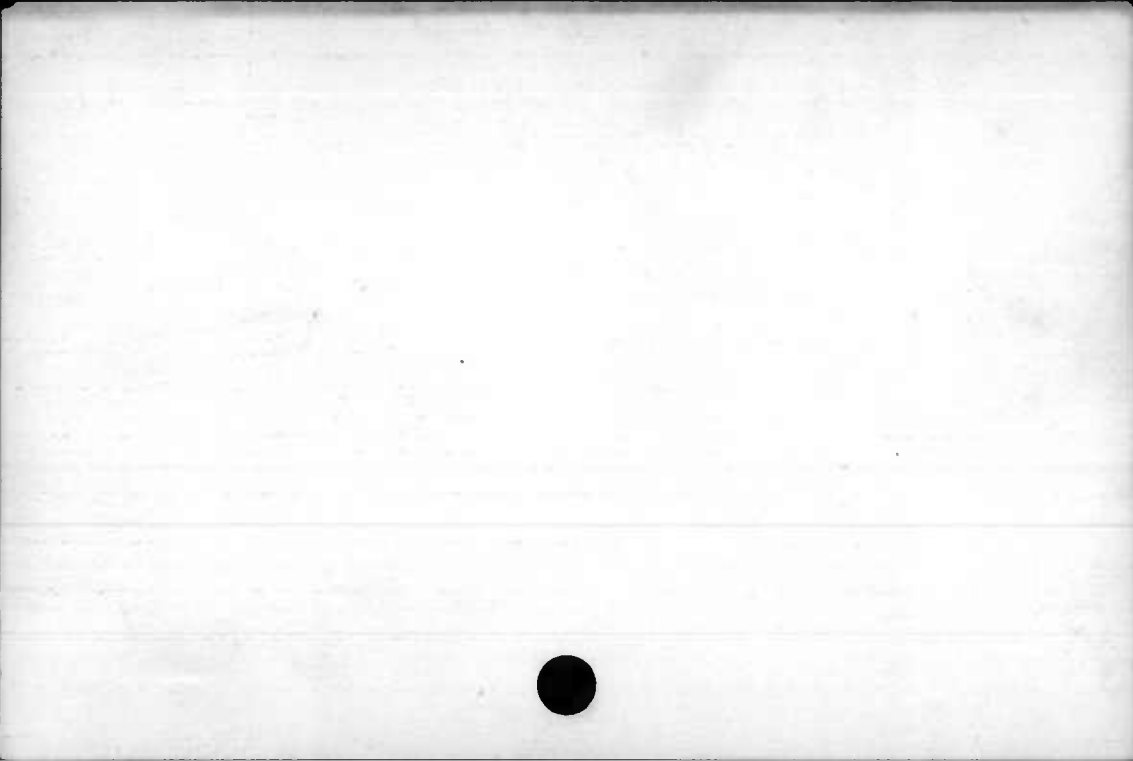
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pimlico</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>	
Date of death <i>1905 Sept 15</i>		Month <i>Sept</i>		Day <i>15</i>	
Age <i>63</i>		Years <i>63</i>		Months <i>no</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. City</i>	
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>1026 W. Lexington St</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Ada Thomas</i>			
Father's Name <i>Asias J. Welbur</i>		Father's Birthplace <i>Boston Mass.</i>			
Mother's Maiden Name <i>Dorcas F. Plummer</i>		Mother's Birthplace <i>Portland Me.</i>			
Name of person giving information <i>Wm. H. Welbur of</i>		How related to deceased <i>Son.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic disease of Heart</i>	How long	<i>Under my</i>
Immediate	<i>Dropsy. Exhaustion.</i>	How long	<i>Card 76 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John L. H. H. H. H. H.</i>	
		Address <i>662 W. Lexington St. Baltimore, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Nichelmina C. Wilhelm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Marchville* <sup>Town</sup>*Balts* <sup>County</sup>

MARYLAND

Date  
of death *1905*

Month

*Sept.*

Day

*4*

Age

Years

Months

*4*

Days

*13*

Sex

*Female*Color or  
Race*white*Birth-  
place*Above*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*John C. Wilhelm*Father's  
BirthplaceMother's  
Maiden Name*Sybil Mary*Mother's  
BirthplaceName of person giving  
In formation*Father*How related  
to deceased

## CAUSES OF DEATH

Primary

*Cholera Infestation - Brain Fever*

How long

*about 3 days*

Immediate

*Convulsions - Exhaustion*

How long

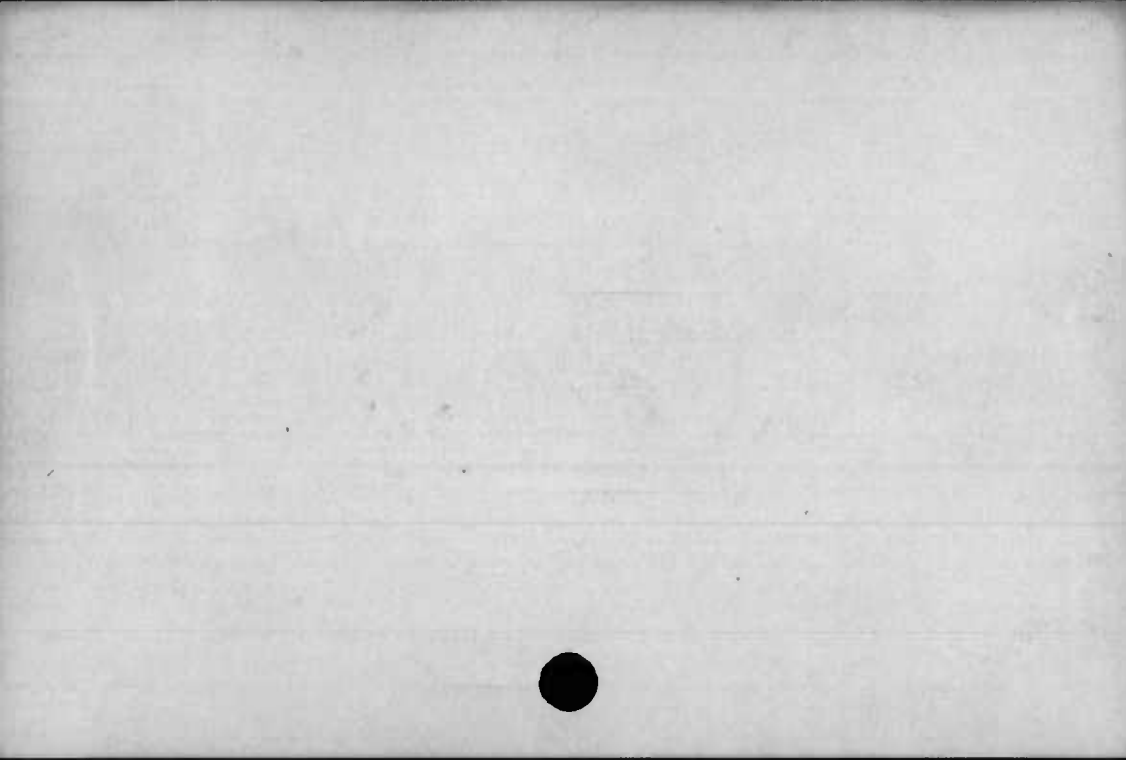
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Leigard J. Whiteford,  
Fullerton, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Katie Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Warren		County Balto.		MARYLAND	
Date of death	1905	Month 9	Day 27	Age 17	Years	Months 6	Days
Sex	Female		Color or Race	White		Birth- place	Warren
Occupation	Cotton Mill Operator			Where Residing if not at place of death		Warren	
Married, Single or Widowed	Single		Name or Wife or Husband				
Father's Name	Jacob Williams					Father's Birthplace	
Mother's Maiden Name	Josephine Stauffer					Mother's Birthplace	
Name of person giving information	Jacob Williams					How related to deceased Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about 6 mo.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Address	
		Cockeysville.	
Accident or Suicide?		Ind.	

Interment at Poplar  
Cemetery Sep 29<sup>th</sup>

W. C. Brooks

Could you return by next  
mail

Name  
in  
Full

William Isaac Williams

## CERTIFICATE OF DEATH

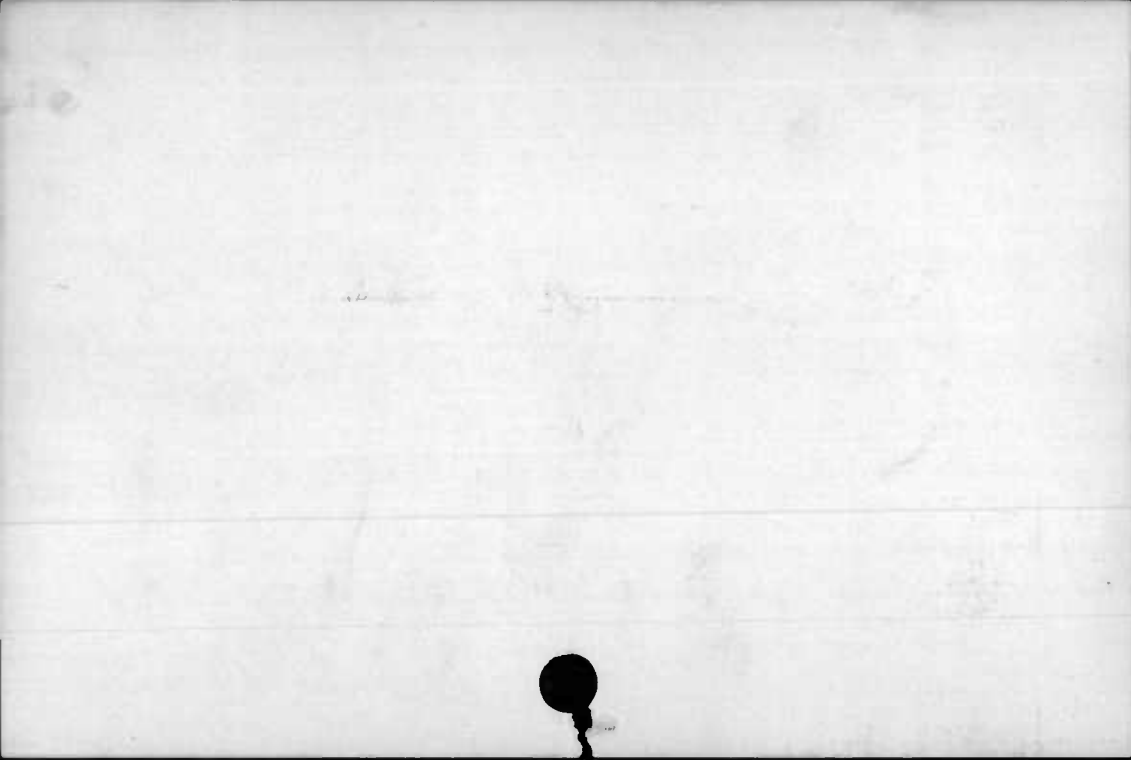
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Falls Rd - Gold Spring Lane</i>		Town <i>Baltimore</i>		County		MARYLAND					
Date of death <i>1901</i>		Month <i>Sept</i>		Day <i>1</i>		Age <i>63</i>		Months <i>11</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place							
Occupation <i>Laborer</i>				Where Residing if not at place of death							
Married, <del>Single</del> or Widowed				Name of Wife or Husband							
Father's Name <i>William Thomas Williams</i>				Father's Birthplace <i>Pennsylvania</i>							
Mother's Maiden Name <i>Elizabeth Marshall</i>				Mother's Birthplace <i>"</i>							
Name of person giving information <i>Benjamin F. Williams</i>				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>166</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Smith</i>	
		Address <i>206 3<sup>rd</sup> Ave.</i>	
Accident or Suicide?			





Name  
in  
Full

Pat Williams (bol)

CERTIFICATE OF DEATH

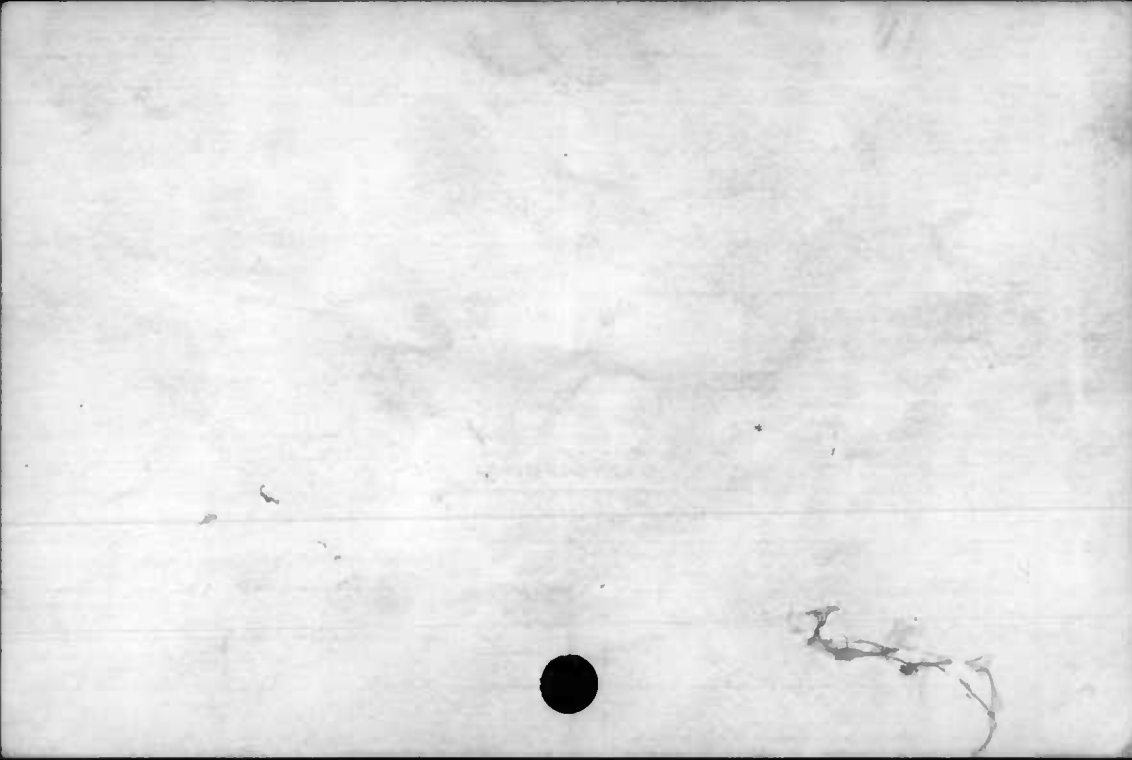
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Dundalk</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1905	Month <i>Sept</i>	Day <i>15th</i>	Years <i>33</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>West Indies</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death		<i>Sparrows Point</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					<i>Alex Weiss (bol)</i>		How related to deceased <i>Friend</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accident</i>		How long	<i>164</i>
Immediate	<i>Fracture of Skull &amp; Shoulder</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Wm J Pfeffer</i>
			Address	<i>1218 First St</i>
Accident or Suicide?		<i>Accident</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

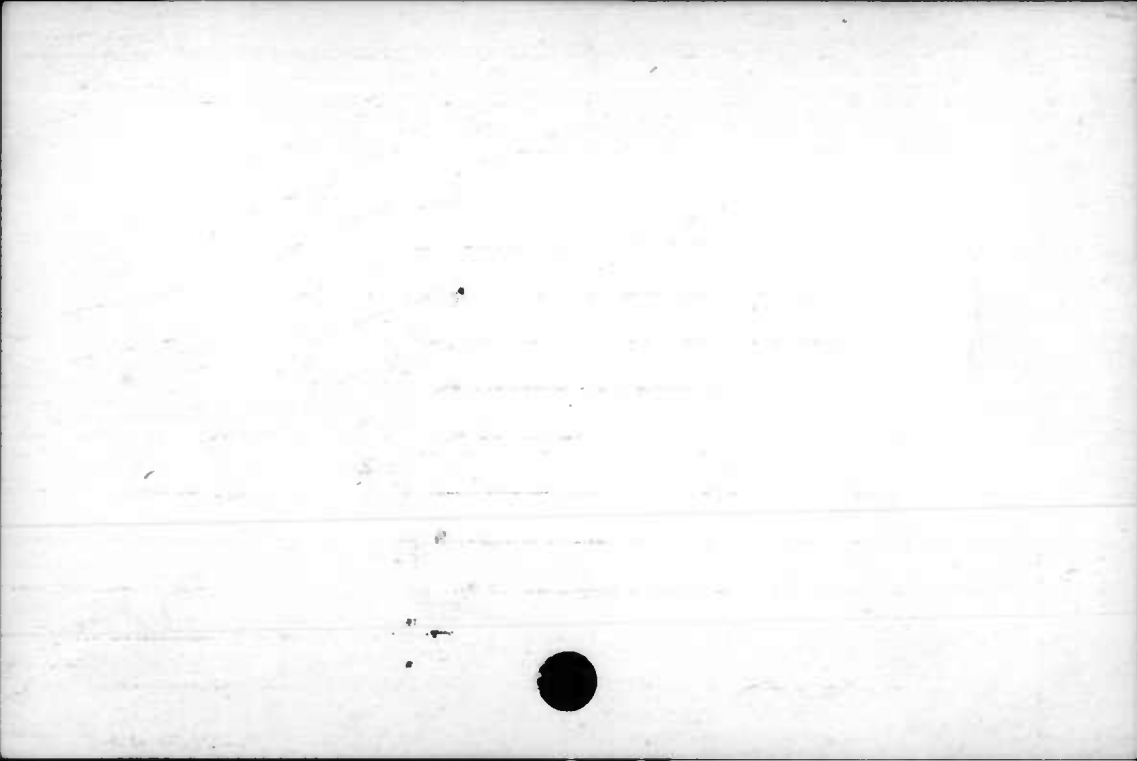
MARYLAND

Died at <i>Parkton</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>			
Date of death <i>1905</i>	Month <i>9</i>	Day <i>3</i>	Age <i>11</i>	Years <i>6</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Parkton Md</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry A. Wilson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Susan A. Heubrick</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Henry A. Wilson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 months</i>
Immediate <i>acute Elio colitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. B. Morris</i>
	Address <i>Parkton Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Ivobridge J. Woodruff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spinnin Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	Sept.	Day	30
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Spinnin Point</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>Charles J. Woodruff</i>			<i>Homer, N.Y.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>M. F. Linneman</i>			<i>Baltimore</i>		
Name of person giving information			How related to deceased		
<i>Oliver J. Woodruff</i>			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congenital Debility</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Elder M.D.</i>	
		Address	
		<i>Spinnin Point</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

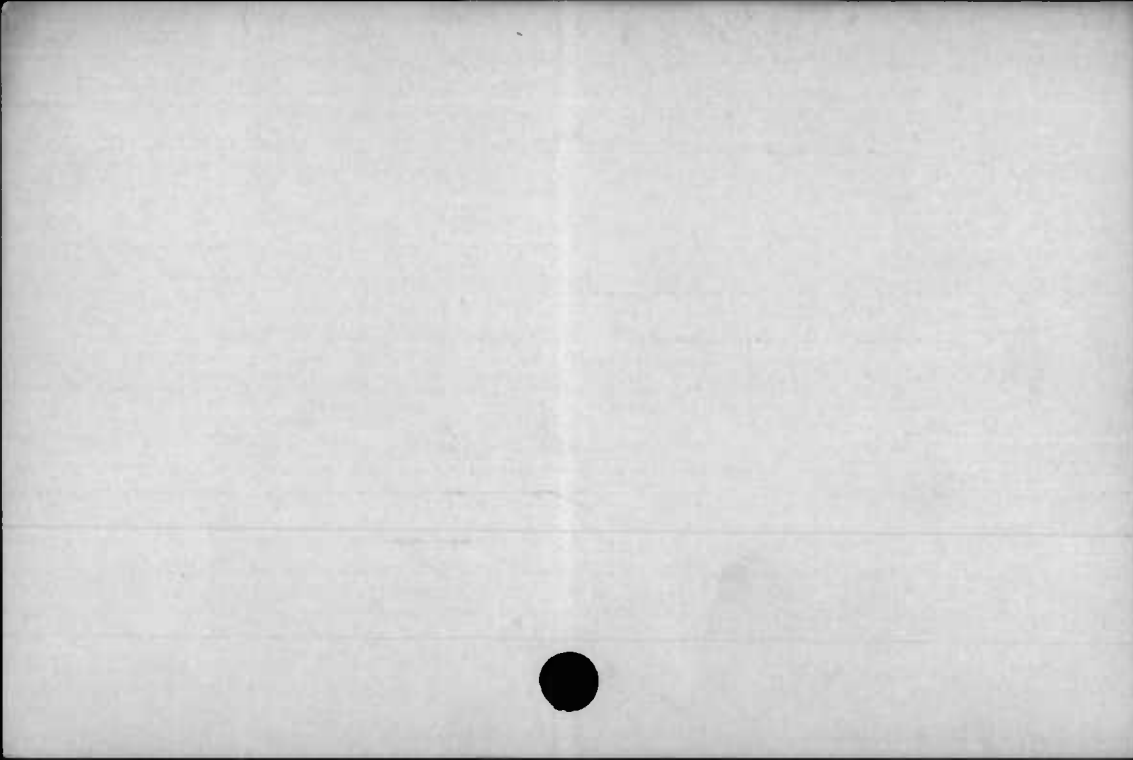
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Sparrows Pt. Md.		Baltimore		Maryland		MAYLAND	
Date of death	1905	Month	Sept	Day	30	Age	Years 2 Months 6 Days
Sex	Female	Color or Race	Black	Birth-place	Woodlawn, Md.		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
none							
Father's Name	Edward Yancey				Father's Birthplace	Virginia	
Mother's Maiden Name	Louisa Crowden				Mother's Birthplace	Virginia	
Name of person giving information	Edward Yancey				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Syphilis	How long	(14)
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. H. Peltzman, M.D.	
		Address	
		Sparrow's Pt. Md.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Herrnwood</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	Sept	Day	5	Age	53
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Paris</i>		Months	3
Occupation <i>House Wife</i>		Where Residing if not at place of death		Days		18	
Married, Single or Widowed		(Name of Wife or Husband)		John Gruenger			
Father's Name <i>George Rosenberg</i>		Father's Birthplace <i>Germany</i>		Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace	
Name of person giving information <i>Lena Gruenger</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Wells</i>
	Address <i>Harrisonville</i>
Accident or Suicide?	

